

How do I Zoom? Using the PowerPoint Presentation Tools

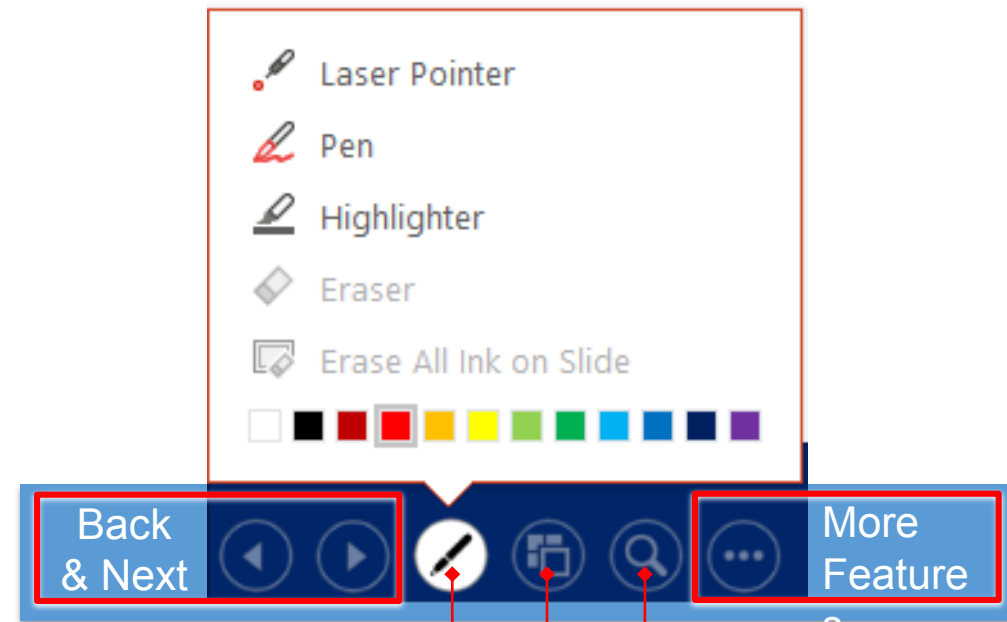
Did you know there are tools you can use during a presentation to engage participants?

When we present this PowerPoint deck we will use the Zoom feature, and you can too!!

★ = Zoom image on slide
[ESC] Exit Zoom

I have indicated in Notes the recommended images to Zoom. This is at your discretion.

While in presentation mode, **roll your mouse over the bottom-left corner** of the screen to unhide the **Presentation Tools**.

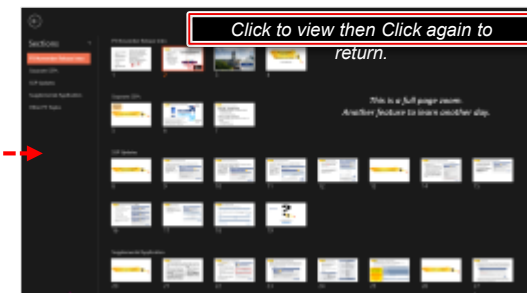


Laser, Pen
& Highlighter

Zoom

Navigate
Sections
& Slides

Example



In presentation mode, roll-over mouse here. Click icons to try tools features.

November 2020 Release for Medical



Agenda

- **Separate SSP**
- **Consumer Message Center, Paper Opt-Out, Email and/or Text Preferences**
- **Account Linking**
- **Supplemental App**
- **Tax Records Questions**
- **Employer Sponsored Insurance (ESI)**
- **MAGI Income Changes**
 - Spousal Support**
 - Lottery and Gambling Winnings**
 - Discharged Student Loan Debt**
- **Transitional and Extended Medical**
- **View and Search Batch Interface Tasks**

A large, horizontal, textured yellow paintbrush stroke that spans most of the width of the slide. A paintbrush with a wooden handle and a red tip is positioned at the right end of the stroke, as if it just finished painting it.

Separate SSP Functions

Separate Self-Service Portal Functions



KDHE SSP

DCF SSP



Medical
Programs



Non-Medical
Programs

Some Medical and Non-Medical Consumer SSP functions have been separated.
Some Application and Case data functionality will only be available within the specific portal the Consumer is logged-in to.



Separate Self-Service Portal Functions

Medical SSP – November Release

The Medical SSP will display the following actions:

- View Application Status
- Delete Incomplete Application

Coming in the May 2021 Release

Access and benefits will be turned on May 2021 and include:

- Consumer - Request to Unlink a Case
- View My Benefits
- View Pending Verifications
- Uploading Documents



Separate Self-Service Portal Functions

Medical SSP – November Release

The Medical SSP will display the following actions:

- View Application Status
- Delete Incomplete Application

Until the Unlink feature is implemented in KEES, please contact the KEES Helpdesk to request “Unlink Consumer’s SSP Account from wrong case”.

KEES Help Desk – 844-723-KEES (5337), Option 2

Or email KEES.Helpdesk@ks.gov

A large, horizontal, yellow paintbrush stroke that spans most of the width of the slide. The stroke has a textured, brush-like appearance with varying shades of yellow and orange. A paintbrush is positioned at the right end of the stroke, with its bristles pointing left towards the text. The paintbrush has a light-colored wooden handle and a red tip.

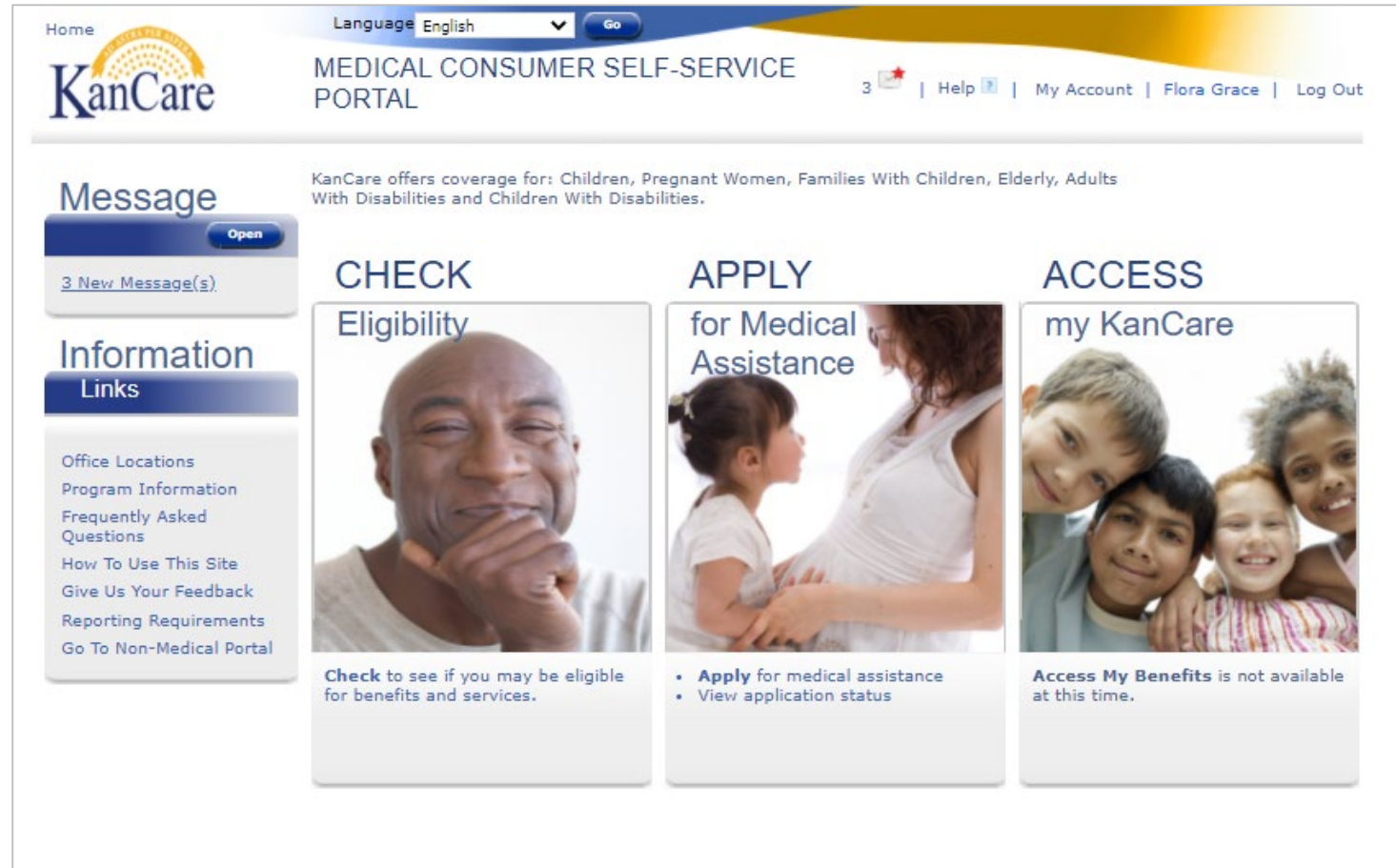
Consumer Message Center Paper Opt-Out Email and/or Text Preferences

Message Center Overview

The Message Center enhancements allow Consumers the ability to choose and update their preferred method of contact and to opt-out of receiving paper mailings.

If the Consumer opts-out of paper mailings, they will receive most of their KEES correspondence electronically via the SSP Message Center.

Note: Some correspondence (like the Medical Review form) is State mandated to be a paper notification and must be mailed through the US Postal Service, regardless of Consumer's chosen preferences.



The screenshot displays the KanCare Medical Consumer Self-Service Portal. At the top, there is a navigation bar with the KanCare logo, a language dropdown menu set to 'English', and a 'Go' button. To the right of the logo, the text 'MEDICAL CONSUMER SELF-SERVICE PORTAL' is visible. Further right, there are links for '3', 'Help', 'My Account', 'Flora Grace', and 'Log Out'. Below the navigation bar, the main content area is divided into three columns. The left column features a 'Message' section with a '3 New Message(s)' link and an 'Information Links' section containing links for 'Office Locations', 'Program Information', 'Frequently Asked Questions', 'How To Use This Site', 'Give Us Your Feedback', 'Reporting Requirements', and 'Go To Non-Medical Portal'. The middle column has a 'CHECK Eligibility' section with a photo of a smiling man and a description: 'Check to see if you may be eligible for benefits and services.' The right column has an 'APPLY for Medical Assistance' section with a photo of a pregnant woman and a child, and a description: 'Apply for medical assistance. View application status.' Below these, there is an 'ACCESS my KanCare' section with a photo of four children and a description: 'Access My Benefits is not available at this time.'

Consumer SSP Account Contact Information Screen.

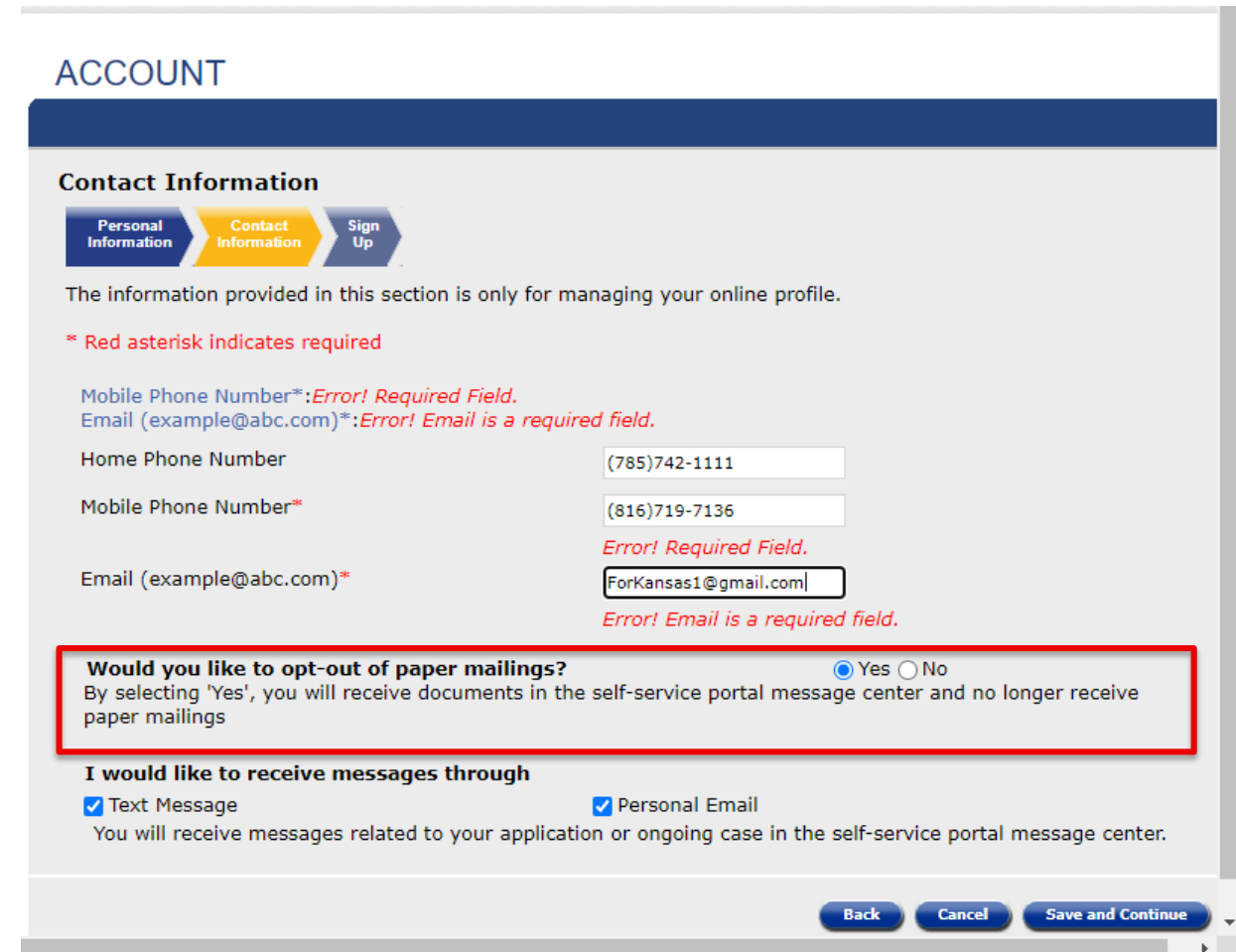
When Consumers are creating their SSP account, the **Contact Information** screen hard stops on the required fields to ensure Consumers choose their messaging preferences before they can proceed.

Would you like to opt-out of paper mailings?

☒ Yes answer requires an Email address.

I would like to receive messages through

- ☒ Text Message requires a Mobile Phone Number.
- ☒ Personal Email requires an Email address.



ACCOUNT

Contact Information

Personal Information Contact Information Sign Up

The information provided in this section is only for managing your online profile.

* Red asterisk indicates required

Mobile Phone Number*: *Error! Required Field.*

Email (example@abc.com)*: *Error! Email is a required field.*

Home Phone Number (785)742-1111

Mobile Phone Number* (816)719-7136

Error! Required Field.

Email (example@abc.com)* ForKansas1@gmail.com
Error! Email is a required field.

Would you like to opt-out of paper mailings? ☒ Yes ☐ No
By selecting 'Yes', you will receive documents in the self-service portal message center and no longer receive paper mailings

I would like to receive messages through

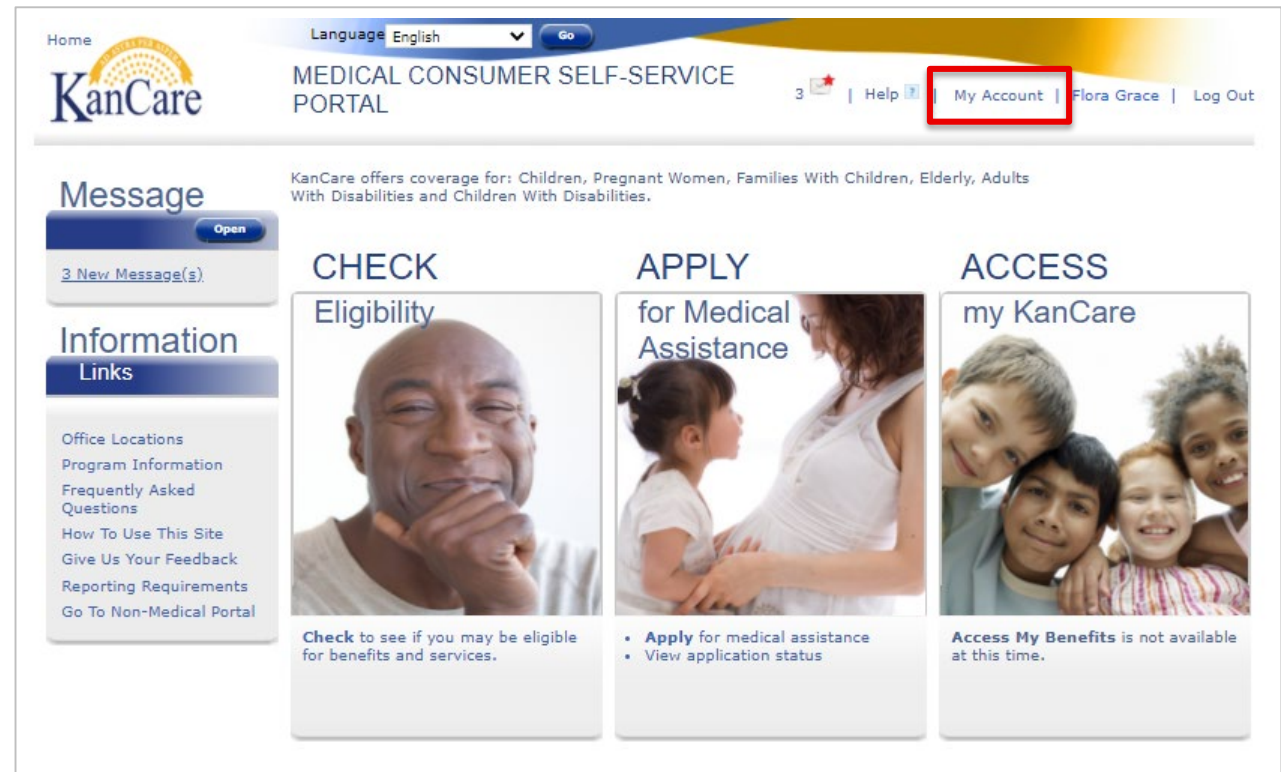
☒ Text Message ☒ Personal Email
You will receive messages related to your application or ongoing case in the self-service portal message center.

Back Cancel Save and Continue

Can the Consumer's choices be changed?

When the Consumer's SSP account is created, the paper opt-out choices can not be changed until the SSP account is linked to a Case.

After the SSP account is linked to Case, the Consumer can edit their choices in **My Account** on the **Account Management** page.



More details about Account Linking are coming up in just a few slides.

Can the Consumer's choices be changed?

From the **Case Summary** page, Eligibility workers can edit the Consumer preferred contact method and information on the enhanced **User Detail** page.

Case Summary

Case Name Flora Grace	Mailing Address 3500 W 29TH ST Topeka, KS 66614	Phone Number (785)742-1111 Alt. Phone Number (816)719-7136	County of Residence Kansas
Home Address 3500 W 29TH ST Topeka, KS 66614			

► Companion Cases

Case Applications

App Number	Source	Applicant Name	Expedited Services:	Recertification/Renewal	Application Date
3565000	Electronic	Grace, Flora	No	No	10/13/2020

Display:
11/01/2020

► Medical Programs - 9119

All People Associated with the Case

Name	DOB	SSN	Client Id	Household Status
Flora Grace	09/05/1995	472-63-7222	0010400975	In the Home

ACSSP User Accounts

Name	DOB	SSN	Role	Linked	SSP USE
Flora Grace	09/05/1995	472-63-7222	Account Holder	Yes	FloraGrac

► Authorized Representative

► Request ID Details

People known to External System with a different Client ID

Name	Client ID	ID Known to External System	External System
------	-----------	-----------------------------	-----------------

ACSSP User Detail

User Information

Last Name: Grace	First Name: Flora	Middle Name:
Suffix:	Date of Birth: 09/05/1995	Social Security Number: 472-63-7222
ACSSP User Name: FloraGrace1	ID Proofing: No	Paper Opt-Out: Yes
		Linked Yes

Address Information

Address Type:
Physical

Address Line 1:
3500 w 29th St

Address Line 2:

City:
Topeka

State:
Kansas

ZIP Code:
66614

County:
Shawnee

Address Type:
Mailing

Address Line 1:
3500 w 29th St

Address Line 2:

City:
Topeka

State:
Kansas

ZIP Code:
66614

County:
Shawnee

Phone Information

Phone Number: (785)742-1111	Text Notification: Yes
Mobile Number: (816)719-7136	

Email Information

Email Address: ForKansas1@gmail.com	Email Notification: Yes
--	----------------------------

On the Case Summary, in the **ACSSP User Accounts** section, click the **Name** link.

On the **ACSSP User Detail** window, click the **Edit** button.

Can the Consumer's choices be changed?

- Eligibility workers can edit the Consumers' Phone Number, Mobile Number, and Email Address contact information.
- Edits made by the eligibility worker are seen in the Consumer SSP.
- Click the **Save and Return** button to save the changes.



Save and Return

Cancel

ACSSP User Detail

User Information

Last Name:	First Name:	Middle Name:
Grace	Flora	
Suffix:	Date of Birth:	Social Security Number:
	09/05/1995	472-63-7222
ACSSP User Name:	ID Proofing:	Paper Opt-Out:
FloraGrace1	No	Yes <input type="checkbox"/>
		Linked <input type="checkbox"/> Unlink

Address Information

Address Type:

Physical

Address Line 1:

3500 w 29th St

Address Line 2:

Phone Information

Phone Number:	Text Notification:
(785)742-1111	Yes <input type="checkbox"/>
Mobile Number:	
(816)719-7136	

Email Information

Email Address:	Email Notification:
ForKansas2@gmail.cc x	Yes <input type="checkbox"/>

Save and Return

Cancel

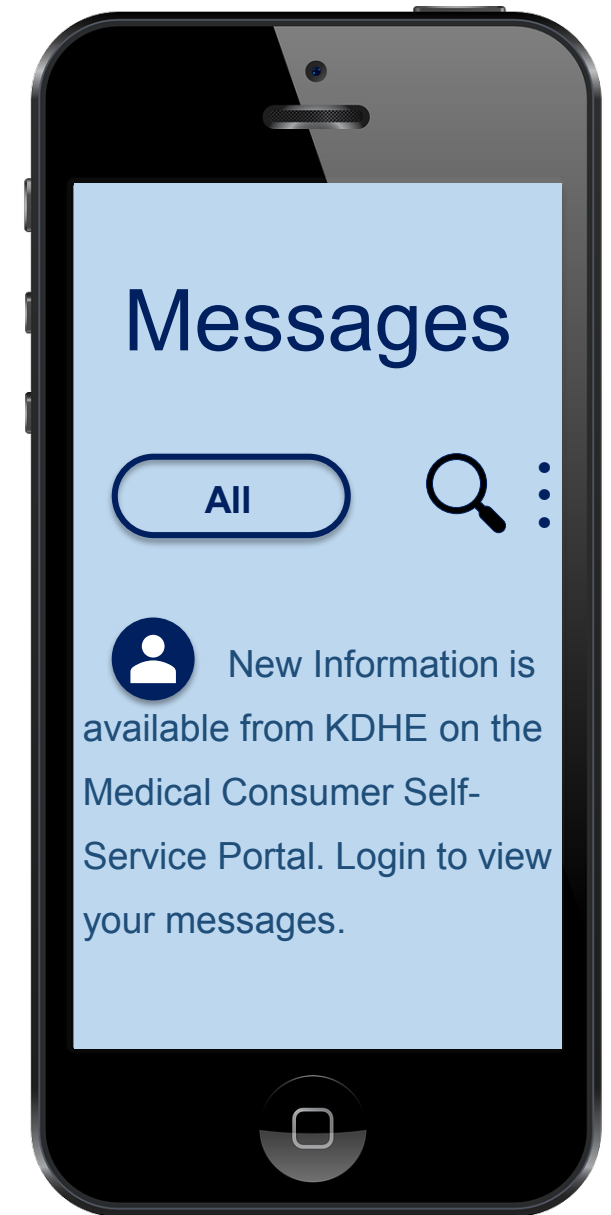
Consumer Messaging Preferences

Consumers who have opted out of paper mailings will receive a message via their preferred method of communication (text/email) advising them to check their SSP Message Center when a notice is sent on their case.

KDHE Texts

New Information is available from KDHE on the Medical Consumer Self-Service Portal. Login to view your messages. <https://cssp.kees.ks.gov/apspssp/ssp.portal>

Important – Consumers will only receive messaging notifications to the mobile phone and email indicated on their SSP account. If the Consumer changes their cell phone number or email information, they must update their SSP info in My Account to change their notification preferences.

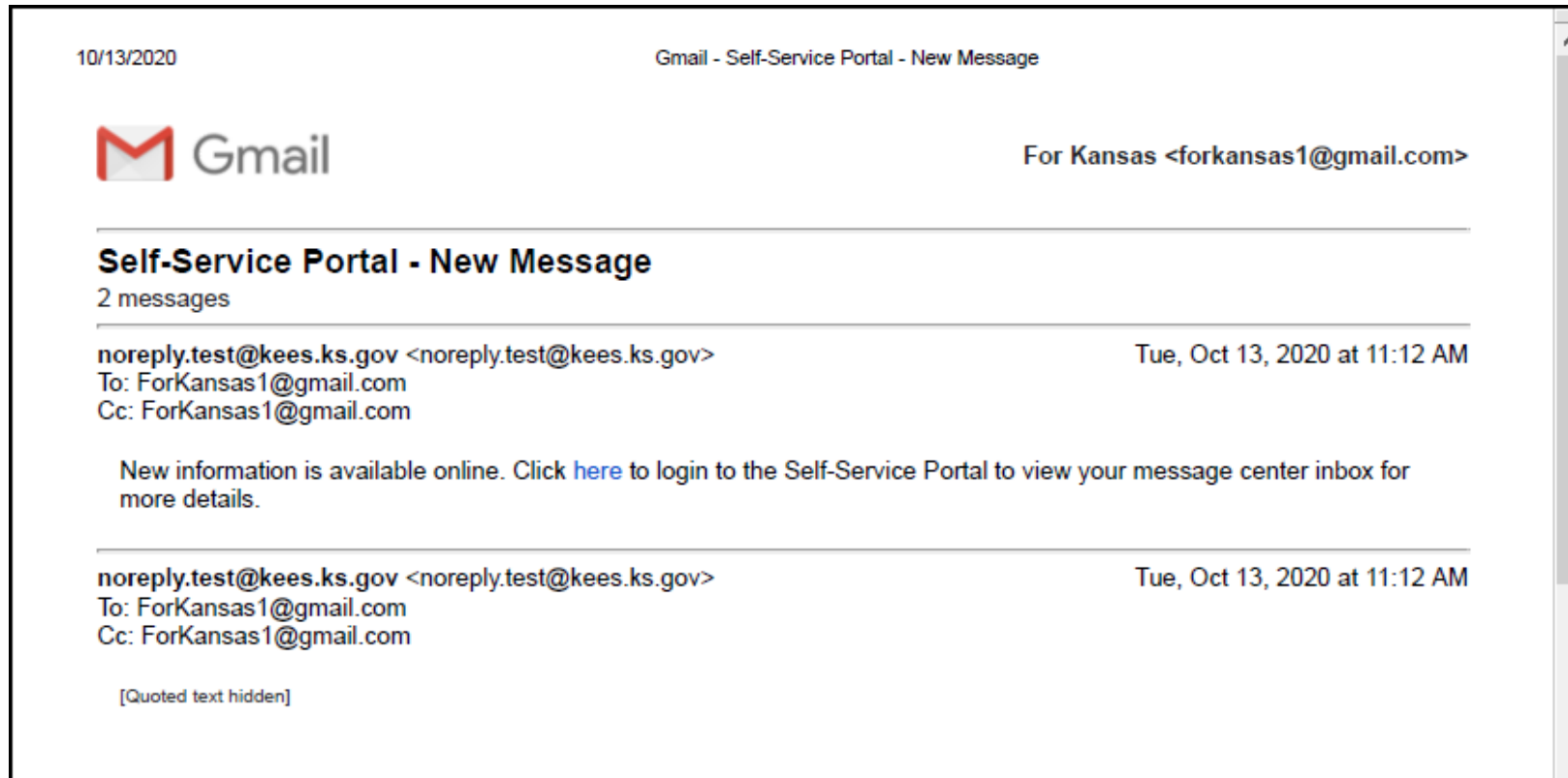


Note: Consumers must have an SSP account linked to a case in order to opt-out of paper mailings and use text/email notification preferences.

Text and Email Notifications

Email from KDHE

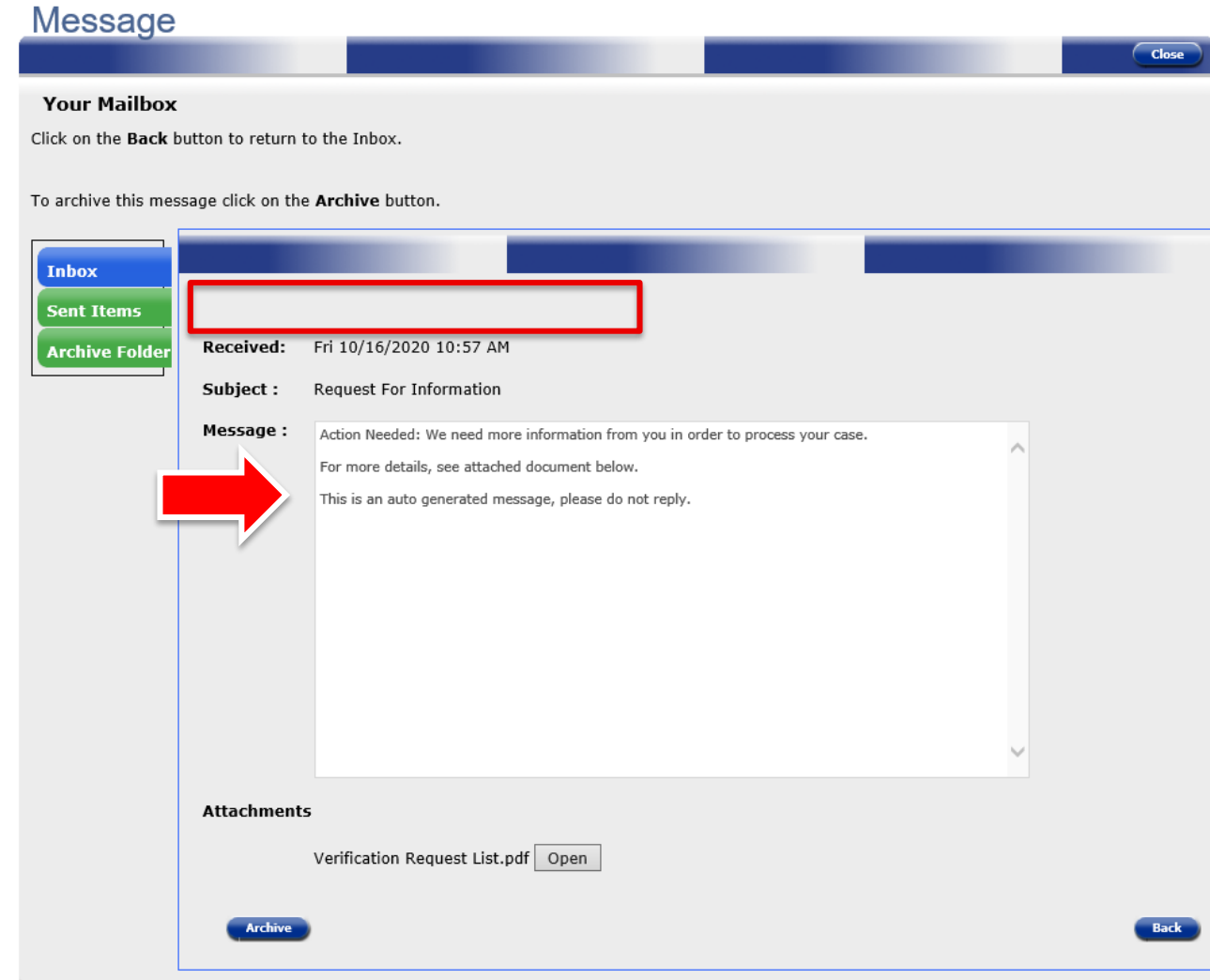
New information is available online. Click [here](#) to login to the Medical Consumer Self-Service Portal to view your message center inbox for more details.



Notices in the Message Center

Notice that the **From:** field on SSP messages is now suppressed. The staff/ worker name generating the communication will no longer appear in the message, on automated Consumer messages triggered by KEES.

Most medical related messages generated in the SSP Message Center have had verbiage updates. Also, a statement is added to notify Consumers when messages in the Message Center are auto generated and they cannot reply to these messages.



Notices in the Message Center

All forms and NOAs sent to the Consumer will be attached as PDFs at the bottom of the messages in the SSP Message Center. Previously the forms were hyperlinks to view the forms in view/upload my documents, but now the PDF can be opened directly from the message itself.



KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738

Kansas
Department of Health
and Environment

Notice Date: 10/16/2020
Case Name: Ty Rhodes
Case Number: 20315232
Program: Medical

Ty Rhodes
323 MAIN ST
ALLEN, KS 66833-9365

Verification Request List

Here is a list of verifications that are needed to determine and/or maintain your eligibility for medical assistance.


Please provide these verifications by the due date listed below. Failure to provide the requested verification may cause your medical assistance to be denied, delayed, or closed.

Type of Verification Needed	For Person	Description	Due Date
Income	Ty Rhodes	Our records show that you have	10/26/2020

We provide interpreter services at no cost.

If you have questions, call KanCare Clearinghouse at (800) 792-4884 between the hours of 8 am and 5 pm Monday through Friday.

Copies sent to: Ty Rhodes

V001 Page 1 of 3  11376690

Account Linking/Unlinking





Account Linking

- Medical SSP Consumers can now request to link their SSP account to a current case in KEES, but **Consumers can only link to a case themselves during SSP account Sign Up.**
- The ***Link A Case***, ***Link My Case*** and ***Link My Case Confirmation*** screens have been added to the SSP account **Sign Up** screen flow.

ACCOUNT

Link a Case

If you are already receiving benefits, you may have an existing case. Indicate below if you would like to be able to access those benefits using your new account.

* Red asterisk indicates required

Do you have an existing case you would like to link to this account? * ☒ Yes ☐ No

Continue

Note: When **Access My Benefits** is turned on for the **Medical SSP** (May 2021), Consumers will have the opportunity to link and unlink their existing **SSP** account to a case through the **Access My Benefits** portlet.

Required Information

When submitting their **Link Request**, Consumers must provide **Case Details**:

- **Case Number** they are requesting to be linked to.
- **First Name** and **Last Name**.
- **Date of Birth** of an individual on the case.
- Their **Electronic Signature**.

Consumers will receive a message in their SSP **Message Center**, when the request to link or unlink their SSP account is processed in KEES.

ACCESS

My Benefits

Link My Case(S)

You can submit a request to link your case(s) here.

Once linked you will be able to view your benefits, payment details, information and report changes to your case(s) through this account.

* indicates required

User Details

First Name
Ty

Middle Name

Last Name
Rhodes

Suffix

Date of Birth (mm/dd/yyyy)
//1955

Social Security Number (ie 123-45-6789)
-**-*

Contact Details

Home Phone Number
(999)999-9999
(620)757-8956

Mobile Phone Number
(999)999-9999

Personal Email Address
(example@abc.com)
TyRocks55@hotmail.com

Note: To change or modify the above details go to **My Account** section.

Case Details

Case Number*
20315232

First Name*
Ty

Last Name*
Rhodes

Date of Birth (mm/dd/yyyy)*
*****1955

Certification

Before you submit your request, you must read and agree to the following [Terms and Conditions](#)

* I declare under penalty of perjury under the laws of the United States of America that the information contained in this statement of facts is true, correct and complete

Check to Sign*

☒

Name*

Ty Rhodes

Description

Applicant

Submit Request

Cancel and Exit

Note: Consumers can find their case number on any form or NOA they have received.



Linking/Unlinking Tasks

To access Account Linking/Unlinking tasks:
From the KEES Homepage, click the **View All** button in the **My Work** portlet. The **Task Inventory** page displays.



Select desired search criteria, including the **Queue Administrative-CH** and **Task e-Request** (and/or *Unlink e-Request*).

Click the **Search** button.

The screenshot shows the 'Task Inventory' page with the following search criteria highlighted in red boxes:

- Queue:** Administrative-CH
- Task:** e-Request
- Search button:** Search

Other visible search criteria include:

- Region:** KDHE Clearinghouse
- Location:** KanCare Clearinghouse
- Priority:** Accelerated
- Status:** New
- Status Reason:** DCF-Complete
- Contact Type:** Lobby
- Case Number:** (empty)
- Case Name:** (empty)
- Date Range:** From: (empty), To: (empty), Date Type: (dropdown)
- App Id:** (empty)
- Assigned to Me:** (dropdown)
- E-App Source:** (empty)

Search Results Summary

The **Search Results Summary** appears at the bottom of the **Task Inventory** page.

- Click the **e-request** Task from the **Search Results Summary** list.
- The **Task Details** page displays.

Search Results Summary																				
<input type="checkbox"/>	Priority	Priority Date	Contact Type	Task	Rec'd Date	Completion Date	Status	Status Reason	Due Date	Queue	Wait Time	Work Time	Worker	Location	CaseBanks	Review Due	Case Number	Case Name	App Id	Region
<input type="checkbox"/>	None	10/15/2020		e-Request - 1810186	10/15/2020		New		10/25/2020	Administrative-CH	458:58	00:00		KanCare Clearinghouse	E&D - KH0206ED00		20315210	Gollu Pop		KDHE Clearinghouse
<input type="checkbox"/>	None	10/16/2020		e-Request - 1820815	10/16/2020		New		10/26/2020	Administrative-CH	432:25	00:00		KanCare Clearinghouse	E&D - KH0206ED00		20315258	Maya Rudo		KDHE Clearinghouse
<input type="checkbox"/>	None	10/27/2020		e-Request - 1923705	10/27/2020		New		11/06/2020	Administrative-CH	167:16	00:00		KanCare Clearinghouse	MAGI - KH0206MG00		20315587	robert hike		KDHE Clearinghouse

Claim the **SSP Request** or **SSP Unlink Request** task and open **Task Details**.

Account Linking

Click the **Review Recipient Data** hyperlink in **Task Details**. The **Link Request Summary** page displays.



Task Details				
Case #: 11520339				
Name: Virginia Reveles				
<div>Complete Release Save and Continue Cancel</div>				
Status: Assigned	Status Reason:* - Select -	Priority: None	Priority Date: 09/15/2020	
Created Date: 09/15/2020	Created Time: 1:38 PM	Due Date:* 09/25/2020	Review Due:	
Received Date: 09/15/2020	Region: KDHE Clearinghouse	Location: KanCare Clearinghouse	Worker Assigned: Theresa Steinlage	
Completion Date:				
Task #: 1417261	Queue: Administrative-CH	Task: e-Request	CaseBank:	Created By: adminWS
Contact Type:	Work Time: 04:57	Wait Time: 216:23	eApp Source:	
Task Details: SSP case link requested				
Hyperlink Review Recipient Data				
Comments:				
<div>Assign</div>				
<div>Check Spelling Complete Release Save and Continue Cancel</div>				

* - Indicates required fields

Link Request Summary

A worker completes the Account Linking process via the **Link Request Summary** page. This page allows a worker to view the detailed information of the SSP account holder, Case information submitted from SSP, KEES Person Information, and Account Linking Information.

Link Request Summary

Reject Cancel

ACSSP Link Request Information

Account Information

First Name:	Middle Name/Initial:	Last Name:	Suffix:	Date of Birth:
Tammy		Scotland		
Home Phone Number:	Mobile Phone Number:	Personal Email Address:	SSN:	Source:
		tammy.scotland@gmail.com		SSP Medical

Requested Case Information

Case Number:	First Name:	Last Name:	Date of Birth:
20314524	Tammy	Scotland	

ABMS Person Information

First Name:	Middle Name/Initial:	Last Name:	Suffix:	Date of Birth:	Gender:
Street Address:	City:	State:	ZIP Code:	SSN:	

Search

Account Linking Information

Reject Cancel

Source indicates if the request was from the Medical or Non-Medical SSP.

In this example, ***SSP Medical*** is displayed under **Source**.

Link Request Summary

If the SSP Account Holder has not been linked to any KEES Case Numbers, the ABMS Person Information block displays blank.

- Click the **Search** button.
- The **Person Search** page displays.

Link Request Summary

Reject

Cancel

ACSSP Link Request Information

Account Information

First Name:

Middle Name/Initial:

Last Name:

Suffix:

Date of Birth:

Tammy

Scotland

Home Phone Number:

Mobile Phone Number:

Personal Email Address:

SSN:

Source:

tammy.scotland@gmail.com

SSP Medical

Requested Case Information

Case Number:

First Name:

Last Name:

Date of Birth:

20314524

Tammy

Scotland

ABMS Person Information

First Name:

Middle Name/Initial:

Last Name:

Suffix:

Date of Birth:

Gender:

Street Address:

City:

State:

ZIP Code:

SSN:

Account Linking Information

Reject

Cancel

Account Linking

- Update any of the search fields if needed.
- Click the **Search** button.


Person Search


Requested Case Number:

Social Security Number:

Last Name:

First Name:

Date of Birth:
 

Results per Page: 

Account Linking

- The **Search Results Summary** displays at the bottom of the **Person Search** page.
- Use the **Case Number** hyperlink if needed to open Case Summary in a separate window to view more information about the people on the case.

Person Search

Requested Case Number: 20316280 Social Security Number: 193-47-5874

Last Name: Murphy First Name: Star Date of Birth: 04/28/1995

Search

Results per Page: 25 Search

Search Results Summary Results 1 - 1 of 1

Name	SSN	Date of Birth	Case Number	Address
<input type="radio"/> Murphy Star	193-47-5874	04/28/1995	20316280	7540 SW INDIAN HILLS RD AUBURN KS 66402

Select Cancel

Case Summary

Case Name: Star K Murphy County: Kansas

▼ Companion Cases

Case Number	Case Name
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Case Applications

App Number	Applicant Name	Expedited Services:	Recertification/Renewal Application Date	App Status
1009498	Murphy, Star	No	11/09/2020	In Progress

▼ Food Assistance

Worker: TOPEKA SERVICE CENTER
Worker ID: DE4602G100
Program Status: Pending

Primary Applicant/Recipient: Star Murphy
Language: English
Phone Number: (785)969-4567
Payee: Star Murphy
Application Date: 11/09/2020

Aid Code:

Name	Role	Role Reason	Status	Status Reason
Star Murphy	MEM		Pending	

All People Associated with the Case

Name	DOB	SSN	CIN	Person #	Household Status
Star Murphy	04/28/1995	193-47-5874	0010402610	01	

ACSSP User Accounts

Name	DOB	SSN	Role	Linked	ACSSP USER NAME
------	-----	-----	------	--------	-----------------

► Authorized Representative

- Use the radio button to select the person and click the **Select** button.

Account Linking

- The **Link Request Summary** page displays with the **ABMS Person Information** and **Account Linking Information** blocks populated.

Link Request Summary

Reject Link Cancel

ACSSP Link Request Information

Account Information

First Name:	Middle Name/Initial:	Last Name:	Suffix:	Date of Birth:
Tammy		Scotland		
Home Phone Number:	Mobile Phone Number:	Personal Email Address:	SSN:	Source:
		tammy.scotland@gmail.com		SSP Medical

Requested Case Information

Case Number:	First Name:	Last Name:	Date of Birth:
20314524	Tammy	Scotland	

ABMS Person Information

First Name:	Middle Name/Initial:	Last Name:	Suffix:	Date of Birth:	Gender:
Tammy		Scotland		09/01/1987	Female
Street Address:	City:	State:	ZIP Code:	SSN:	
12002 LAKESIDE DR	OVERLAND PARK	KS	66213		

Account Linking Information

Case Number	Name	Account Linked
<input checked="" type="checkbox"/> 20314525	Tammy Scotland	Yes
<input type="checkbox"/> 20314524	Tammy Scotland	No

Reject Link Cancel

Account Linking

Compare the **Account Information** and **Request Case Information** blocks to the **ABMS Person Information** and **Account Linking Information** blocks to make sure the information matches.

Use the **Case Number** hyperlink if needed to view more detailed information on the case.

NOTE: If the person is not *In the Home* or if there is not an *Active* or *Pending* program block on the case, use the **Reject** button to reject the SSP Link Request.

Link Request Summary

RejectLinkCancel

ACSSP Link Request Information

Account Information

First Name:	Middle Name/Initial:	Last Name:	Suffix:	Date of Birth:
Tammy		Scotland		
Home Phone Number:	Mobile Phone Number:	Personal Email Address:	SSN:	Source:
		tammy.scotland@gmail.com		SSP Medical

Requested Case Information

Case Number:	First Name:	Last Name:	Date of Birth:
20314524	Tammy	Scotland	

ABMS Person Information

First Name:	Middle Name/Initial:	Last Name:	Suffix:	Date of Birth:	Gender:
Tammy		Scotland		09/01/1987	Female
Street Address:	City:	State:	ZIP Code:	SSN:	
12002 LAKESIDE DR	OVERLAND PARK	KS	66213		

Account Linking Information

Case Number	Name	Account Linked
20314525	Tammy Scotland	Yes
<input type="checkbox"/> 20314524	Tammy Scotland	No

RejectLinkCancel

Account Linking

Link Request Summary

Reject Link Cancel

ACSSP Link Request Information

Account Information

First Name:	Middle Name/Initial:	Last Name:	Suffix:	Date of Birth:
Tammy		Scotland		
Home Phone Number:	Mobile Phone Number:	Personal Email Address:	SSN:	Source:
		tammy.scotland@gmail.com		SSP Medical

Requested Case Information

Case Number:	First Name:	Last Name:	Date of Birth:
20314524	Tammy	Scotland	

ABMS Person Information

First Name:	Middle Name/Initial:	Last Name:	Suffix:	Date of Birth:	Gender:
Tammy		Scotland		09/01/1987	Female
Street Address:	City:	State:	ZIP Code:	SSN:	
12002 LAKESIDE DR	OVERLAND PARK	KS	66213		

Account Linking Information

Case Number	Name	Account Linked
20314525	Tammy Scotland	Yes
<input type="checkbox"/> 20314524	Tammy Scotland	No

Reject Link Cancel

In the **Account Linking Information** block select the checkbox for the case to be linked.

Click the **Link** button.

The **Link Confirmation Summary** page displays, to show Account Linking was successful.

Link Confirmation Summary

Close

Case Number	Status
20314524	Processed

Task Details for Final Steps

Task Details				
Case #: 11520339	Status Reason:* - Select -		Release	Save and Continue
Name: Virginia Reveles	Status: Assigned	Status Reason:* - Select -	Priority: None	Priority Date: 09/15/2020
Created Date: 09/15/2020	Created Time: 1:38 PM	Due Date:* 09/25/2020	Review Due:	
Received Date: 09/15/2020	Region: KDHE Clearinghouse	Location: KanCare Clearinghouse	Worker Assigned: Theresa Steinlage	
Completion Date:				
Task #: 1417261	Queue: Administrative-CH	Task: e-Request	CaseBank:	Created By: adminWS
Contact Type:	Work Time: 04:57	Wait Time: 216:23	eApp Source:	
Task Details: SSP case link requested				
Hyperlink				
Comments:				
<div>Assign</div> <div>Check Spelling</div> <div>Complete</div> <div>Save and Continue</div> <div>Cancel</div>				

* - Indicates required fields

When the **Account Linking** process is complete return to **Task Details** and:

- Update the **Status Reason**
- Mark the task **Complete**

Account Unlinking

Click the **Review Recipient Data** hyperlink in **Task Details**. The **Unlink Request Summary** page displays.

Task Details

Case #:
20315311

Name:
Orange singh

Status:
Assigned

Status Reason: *
- Select -

Priority:
None

Priority Date: 10/20/2020

Complete

Release

Save and Continue

Cancel

Created Date:
10/20/2020

Created Time:
11:28 AM

Due Date: *
10/30/2020

Review Due:

Received Date:
10/20/2020

Region:
KDHE Clearinghouse

Location:
KanCare Clearinghouse

Worker Assigned:
Theresa Steinlage

Completion Date:

Task #:
1863716

Queue:
Administrative-CH

Task:
Unlink e-Request

CaseBank:
LTC - Working Healthy -
KH0206LTC1

Created By:
adminWS

Contact Type:

Work Time:
00:00

Wait Time:
192:49

eApp Source:

Task Details:
SSP case unlink requested

Hyperlink
[Review Recipient Data](#)

Comments:

Assign

* - Indicates required fields

Check Spelling

Complete

Release

Save and Continue

Cancel

Account Unlinking

Unlink Request Summary

Reject Unlink Cancel

ACSSP Unlink Request Information

Account Information

First Name: Miranda Middle Name/Initial: S Last Name: Oden Suffix: Date of Birth: 04/23/1980

Home Phone Number: (785)236-0480 Mobile Phone Number: (785)236-0480 Personal Email Address: cainm3434@gmail.com SSN: 511-82-2155 Source:

Requested Case Information

Case Number: 20295483 First Name: MIRANDA Last Name: Oden Date of Birth: 04/23/1980

ABMS Person Information

First Name: Middle Name/Initial: Last Name: Suffix: Date of Birth: Gender:

Street Address: City: State: ZIP Code: SSN:

Account Linking Information

Case Number	Name	Account Linked
<input checked="" type="checkbox"/> 11756517	MIRANDA Sue Oden	Yes
<input type="checkbox"/> 20295483	MIRANDA Sue Oden	Yes
01562536	MIRANDA Sue Oden	No

Reject Unlink Cancel

In the **Account Linking Information** block, select checkbox for the **Case Number** to be unlinked.

Click the **Unlink** button.

The **Unlink Confirmation** page displays to show Account Unlinking was successful.

Unlink Confirmation

Close

Case Number	Status
11756517	Processed

Complete Account Unlinking

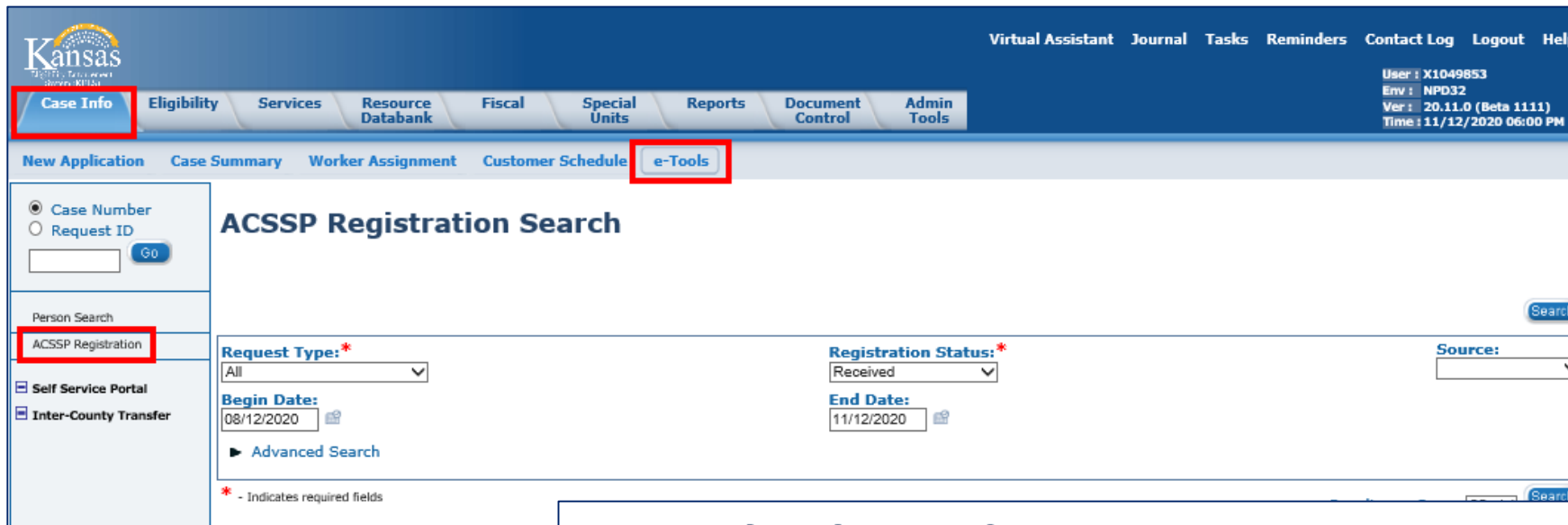
When the **Account Unlinking** process is complete return to the Task and:

- Update the **Status Reason**
- Mark the task **Complete**

Task Details				
Case #: 20315311				
Name: Orange singh				
<div><div>Complete</div><div>Release</div><div>Save and Continue</div><div>Cancel</div></div>				
Status: Assigned	Status Reason:* - Select -	Priority: None	Priority Date: 10/20/2020	
Created Date: 10/20/2020	Created Time: 11:28 AM	Due Date:* 10/30/2020	Review Due:	
Received Date: 10/20/2020	Region: KDHE Clearinghouse	Location: KanCare Clearinghouse	Worker Assigned: Theresa Steinlage	
Completion Date:				
Task #: 1863716	Queue: Administrative-CH	Task: Unlink e-Request	CaseBank: LTC - Working Healthy - KH0206LTC1	Created By: adminWS
Contact Type:	Work Time: 00:00	Wait Time: 192:49	eApp Source:	
Task Details: SSP case unlink requested				
Hyperlink Review Recipient Data				
Comments:				
<div><div></div><div>Assign</div></div>				
<div><div>* - Indicates required fields</div><div><div>Check Spelling</div><div>Complete</div><div>Release</div><div>Save and Continue</div><div>Cancel</div></div></div>				

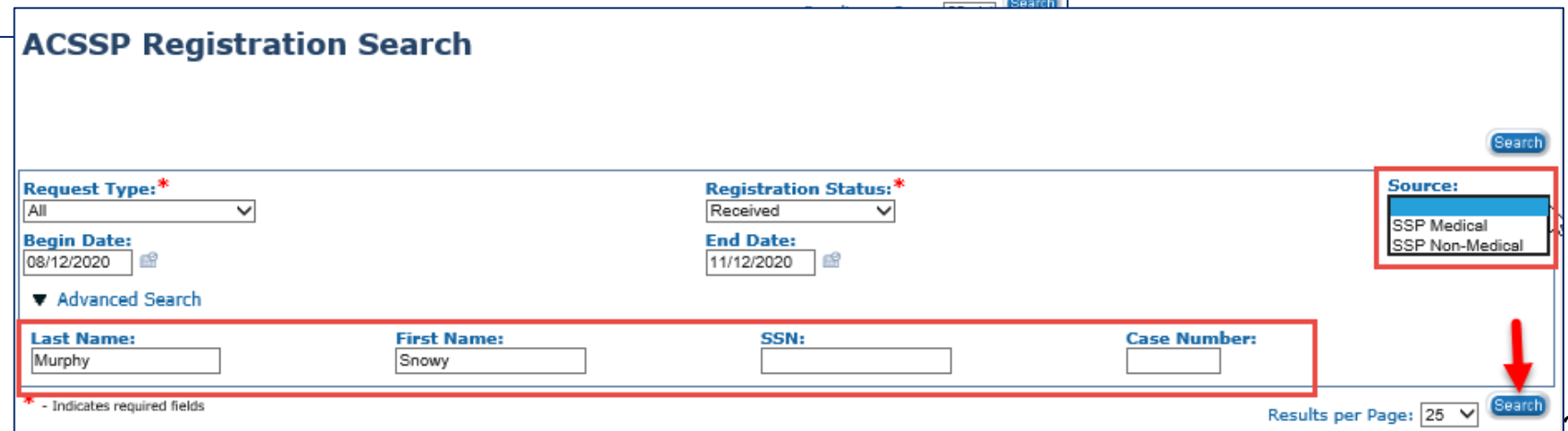
Searching for Link/Unlink Request without a Task

- Select **Case Info** from Global Navigation, **e-Tools** from Local Navigation and **ACSSP Registration** from Task Navigation. The **ACSSP Registration Search** page displays.



The screenshot shows the ACSSP Registration Search page. The navigation menu at the top includes 'Case Info' (highlighted with a red box), 'Eligibility', 'Services', 'Resource Databank', 'Fiscal', 'Special Units', 'Reports', 'Document Control', and 'Admin Tools'. The 'e-Tools' link is also highlighted with a red box. The search criteria section includes 'Request Type' (All), 'Registration Status' (Received), 'Source' (dropdown), 'Begin Date' (08/12/2020), and 'End Date' (11/12/2020). A 'Search' button is visible.

- Update and/or Enter search criteria, as needed.
- Click the **Search** button.



The screenshot shows the ACSSP Registration Search page with search criteria. The 'Request Type' is set to 'All', 'Registration Status' is 'Received', and 'Source' is 'SSP Medical' (highlighted with a red box). The 'Begin Date' is '08/12/2020' and 'End Date' is '11/12/2020'. The 'Advanced Search' section is expanded, showing 'Last Name' (Murphy), 'First Name' (Snowy), 'SSN' (empty), and 'Case Number' (empty). A red arrow points to the 'Search' button. The 'Results per Page' is set to 25.

Searching for Link/Unlink Request without a Task

- The **Search Results Summary** list displays results at the bottom of the page.

Search Results Summary					Results 1 - 1 of 1
Request Date ▼	Request Type ▼	Registration Name ▼	Case Number ▼	Request Status ▼	Source ▼
11/12/2020	Case Linking	Murphy, Snowy	20316168	Received	SSP Medical

- Click the **Registration Name** hyperlink to navigate to the **Link Request Summary** page.

Link Request Summary

RejectCancel

ACSSP Link Request Information

Account Information

First Name:

Snowy

Middle Name/Initial:

Last Name:

Murphy

Suffix:

Date of Birth:

02/17/2005

Home Phone Number:

Mobile Phone Number:

Personal Email Address:

pirehapogo@wemel.top

SSN:

Source:

SSP Medical

Requested Case Information

Case Number:

20316168

First Name:

Last Name:

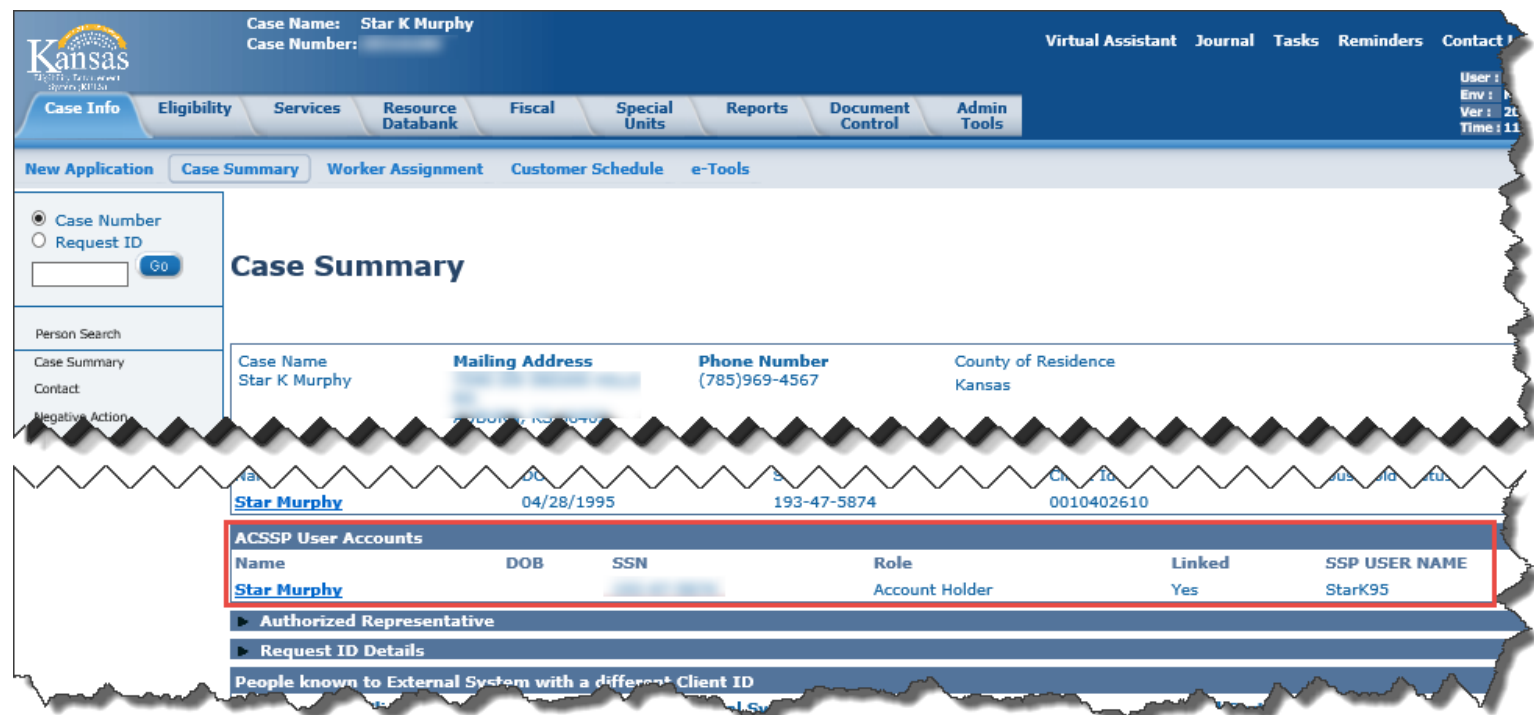
Murphy

Date of Birth:

8/17/2005

- Follow the **Account Linking Steps** to finish processing the request.

Manually Unlink (Without a Task/Request)



Case Name: Star K Murphy
Case Number: [REDACTED]

Virtual Assistant Journal Tasks Reminders Contact

Case Info Eligibility Services Resource Databank Fiscal Special Units Reports Document Control Admin Tools

New Application Case Summary Worker Assignment Customer Schedule e-Tools

Case Number
Request ID
GO

Person Search
Case Summary
Contact
Negative Action

Case Summary

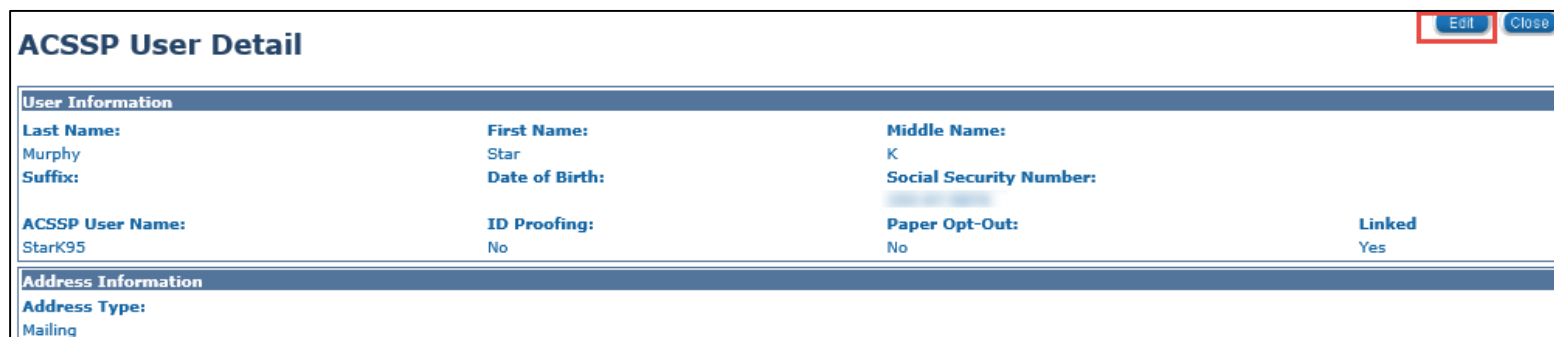
Case Name: Star K Murphy
Mailing Address: [REDACTED]
Phone Number: (785)969-4567
County of Residence: Kansas

Name	DOB	SSN	Role	Linked	SSP USER NAME
Star Murphy	04/28/1995	[REDACTED]	Account Holder	Yes	StarK95

Authorized Representative
Request ID Details
People known to External System with a different Client ID

From the **Case Summary** page, click the **Name** hyperlink in the **ACSSP User Accounts** block to navigate to the **ACSSP User Detail** page.

Click the **Edit** button.



ACSSP User Detail

Edit Close

User Information

Last Name: Murphy
First Name: Star
Middle Name: K
Suffix: [REDACTED]
Date of Birth: [REDACTED]
Social Security Number: [REDACTED]

ACSSP User Name: StarK95
ID Proofing: No
Paper Opt-Out: No
Linked: Yes

Address Information

Address Type: Mailing



Manually Unlink (Without a Task/Request)

Click the **Unlink** button.

The page refreshes and the **Linked** field displays **No**.

ACSSP User Detail

Save and Return

Cancel

User Information

Last Name:	First Name:	Middle Name:
Murphy	Star	K
Suffix:	Date of Birth:	Social Security Number:
ACSSP User Name:	ID Proofing:	Paper Opt-Out:
StarK95	No	No

Linked **Unlink**

ACSSP User Detail

Save and Return

Cancel

User Information

Last Name:	First Name:	Middle Name:
Murphy	Star	K
Suffix:	Date of Birth:	Social Security Number:
ACSSP User Name:	ID Proofing:	Paper Opt-Out:
StarK95	No	No

Linked
No

Click the **Save and Return** button.

A Warning lightbox displays advising you are about to unlink the user from the case.

Click the **OK** button to unlink.

ACSSP User Detail

WARNING!

You are about to unlink this ACSSP User Account from this case.

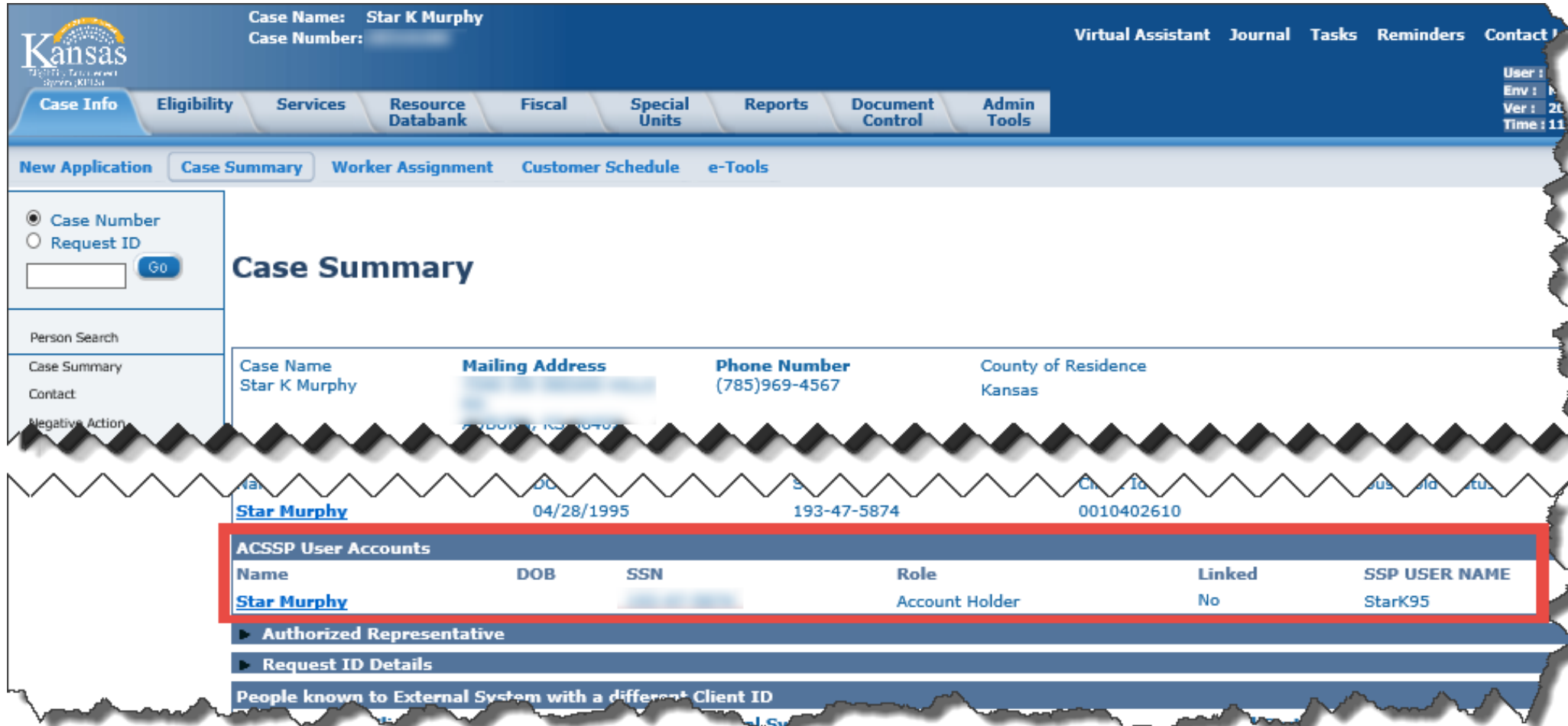
Click OK to unlink the account or click Cancel to stay on the page.

OK

Cancel

Manually Unlink (Without a Task/Request)

The SSP User Account is no longer linked to the KEES Case.



Case Name: Star K Murphy
Case Number: [REDACTED]

Virtual Assistant Journal Tasks Reminders Contact

User : [REDACTED]
Env : [REDACTED]
Ver : 2.0
Time : 11:11

Case Info Eligibility Services Resource Databank Fiscal Special Units Reports Document Control Admin Tools

New Application Case Summary Worker Assignment Customer Schedule e-Tools

☒ Case Number
☐ Request ID
[REDACTED] Go

Person Search
Case Summary
Contact
Negative Action

Case Summary

Case Name	Mailing Address	Phone Number	County of Residence
Star K Murphy	[REDACTED]	(785)969-4567	Kansas

Name	DOB	SSN	Client ID	Status
Star Murphy	04/28/1995	193-47-5874	0010402610	

ACSSP User Accounts					
Name	DOB	SSN	Role	Linked	SSP USER NAME
Star Murphy		[REDACTED]	Account Holder	No	StarK95

▶ Authorized Representative

▶ Request ID Details

People known to External System with a different Client ID



Supplemental Application



Supplemental Application Overview

The Medical SSP application flow is updated and allows Consumers the option to opt-in to additional supplemental E&D related questions. The questions do NOT appear as part of the family medical application flow.

If Consumers indicate they are 65 or older, in long-term care, disabled, and/or blind new dynamic questions will help Consumers apply for **Non-MAGI Medicaid** coverage in SSP.

The new **Health Coverage Qualification** screen enables Consumers to answer a few additional questions without having to complete the **KC1500 Supplemental Application**.



SSP Start Application Chevron – Tell Us More Screen

In the **Start Application** chevron, on the **Tell us More** screen, answer the required fields:

- * Date of Birth (Age 65+ requirement)
- * Do you have a disability that will last at least 12 months or result in death?
- * Are you blind?
- * Do you need help with nursing care, home health care, or other long term care?

Answering **Yes** to one or all of these required fields will trigger the **Health Care Qualification** screen.

APPLY
For Medical Assistance

Tell us More

Welcome **Start Application** People Job/Wages Other Income Expenses Other Submit Application

Percent Complete: 22.0%

Please tell us more about yourself.

Ty Rhodes

Are you applying for yourself?* ☒ Yes ☐ No

Are you male or female?* ☐ Male ☐ Female

Social Security Number (i.e.123-45-6789):

Date of Birth* (mm/dd/yyyy) 1955

Marital Status: Never Married

Do you have a disability that will last least 12 months or result in death?* ☒ Yes ☐ No

Are you blind?* ☐ Yes ☒ No

Do you need help with nursing care, home health care, or other long term care?* ☒ Yes ☐ No

Have you ever applied for Social Security Benefits? ☒ Yes ☐ No

Do you want any of these specific services? Nursing Home

- Nursing Home
- Home and Community Based Services
- PACE
- WORK
- Other Institutional Care

Are you known by another name? ☐ Yes ☒ No

Do you need help paying medical bills from the last 3 months? ☐ Yes ☒ No

Were you in Kansas foster care at the time of your 18th birthday? ☐ Yes ☒ No

Back **Save and Continue**

SSP People Chevron - Health Coverage Qualification Screen

Because at least one required field has been answered **Yes**, the **Health Coverage Qualification** screen, on the **People** chevron, offers the Consumer the opportunity to answer additional questions to determine qualification for additional health care services.

APPLY
For Medical Assistance

Health Coverage Qualification

Welcome Start Application **People** Job/Wages Other Income Expenses Other Submit Application

Percent Complete: 33.0%

Because you told us someone in your household is age 65 or older, blind, disabled or in long term care, you may qualify for additional health care services. If you do not answer the additional questions now, you will receive a follow up and there may be a delay in your application processing time.

Ty Rhodes
Would you like to answer some additional questions that may help you qualify for additional health care services?*

☒ Yes ☐ No

Back Save and Continue

Additional Questions Asked

If the Consumer selected ☒ Yes on the ***Health Care Qualification*** screen, they will be presented with these supplemental questions.

The Supplemental Questions by chevron/topic are:

Chevron	Screen	Question Text
Expenses	Expense Information	Dependent Care Expense (Child, Disabled Adult, Elder care)?
Expenses	Expense Information	Housing expenses? <ul style="list-style-type: none">• Rent• Lot rent• House Payment (Mortgage)• Property taxes (if not included in house payment)• Homeowner's insurance (if not included in house payment)• Other housing costs
Expenses	Expense Information	Medical Expenses (wheelchair, medical treatment, in home support, health care services)?
Expenses	Expense Information	Medicare Coverage Expenses?
Expenses	Expense Information	Expenses from a disability that allow them to work?

Chevron	Screen	Question Text
Resources	Resource Information	Does anyone have any cash, stocks, bonds, or bank accounts? <ul style="list-style-type: none">• Cash• Checking, Savings, or Credit Union account• Certificate of Deposit (CD)• Money Market• Stocks/Bonds• Other Accounts
Resources	Resource Information	Does anyone own a home? Is anyone buying a home or other property such as land, buildings, or mobile homes?
Resources	Resource Information	Has anyone sold, traded, given away or changed ownership of any property such as a house or money, or any other property in the last 5 years
Resources	Resource Information	Does anyone own one or more of the motor vehicles listed below? <ul style="list-style-type: none">• Car• Truck• RV• Boat, Off-road vehicle, Mobile home, Camper, Trailer
Resources	Resource Information	Does anyone have any retirement plans? <ul style="list-style-type: none">• IRA or 401(k)• Deferred Compensation Plan• Annuity• Other Retirement Plan
Resources	Resource Information	Does anyone have any of these types of resources? <ul style="list-style-type: none">• Life Insurance• Life Estate• Burial/Funeral Plan• Oil/Mineral Rights• Trust Fund• Promissory Note/Contract Sales/Loans• Reverse mortgage• Business Property• Other resources

Chevron	Screen	Question Text
Other	Other Information	Has anyone been in the U.S. Military service or is a spouse, parent or child of a person who has been in the military service?

KEES e-Application Summary – Supplemental Application Section

A ***Supplemental Application*** block will now display on the **e-Application Summary page and maps in from the supplemental E&D questions**. The information displayed will help staff identify E&D and LTC applications. The PDF will continue to display the answers provided by the Consumer. Information provided on the SSP application will continue to map into the KEES Data Collection pages.

▼ Program Applications								
▶ Medical								
▶ Associated Cases								
▶ Expedited Services								
▶ Additional Information								
Other Applicants								
<input checked="" type="checkbox"/>	Name	SSN	Date of Birth	Disabled	Gender	Requested Medical Type	Prior Med	Transfer Status
<input checked="" type="checkbox"/>	Rhodes, Tyler	546-89-7415	10/02/2010		Male		No	Pending
▶ Verifications								
▼ Supplemental Application								
Requested to answer supplemental application questions							Yes	
▶ Tyler Rhodes, 10/02/2010								
▼ Ty Rhodes, 08/05/1955								
Aged							Yes	
Blind								
Disabled								
Nursing care, home health care or other long term care								
ABD/LTC Indicator							Yes	



Tax Records Question Update



Income Information Questions May Trigger Tax Questions

In the **Other Income** chevron two new mandatory tax questions were added to the **Income Information** screen.

Does anyone in the household plan to file a tax return this year?
Has anyone in the household been claimed as a dependent on a Tax return last year, or plan to be claimed as a dependent this year?
Answering **Yes** to either question will trigger the **Tax Information about the people in your home** screen.

APPLY
For Medical Assistance

Income Information

Welcome Start Application People Job/Wages **Other Income** Expenses Resources Other Submit Application

Percent Complete: 50.0%

In the next few pages we will ask you about the people in your home who get money from somewhere other than work.

Ty Rhodes

Is anyone getting Social Security income? * ☐ Yes ☒ No

Is anyone getting money from family, friends or others? * ☐ Yes ☒ No

Is anyone getting or going to get money from any of these? * ☐ Yes ☒ No

- Annuities, Trusts
- Contract Sales
- Interest, Dividends, Investments
- Native American Per Capita Payments or Tribal Payments
- Oil Royalties/Mineral Rights
- Railroad Benefits
- Spousal Support
- Pensions/Other Retirements (i.e. KPERs)
- ~Cash Assistance (TANF), Foster Care Payments, or Adoption Assistance
- ~Child Support
- ~Educational Income/Scholarships/Loans
- ~Legal or Insurance Settlements or Court Actions
- ~Reimbursements, Refunds
- ~Veterans Administration(VA) Payments
- ~Work Program Training
- ~Worker's Compensation, Disability

Income types marked with this symbol (~) are not counted for many of the medical assistance programs. You only need to include these income types if you are applying for an individual who is aged, blind, disabled or receiving Medicare.

Does anyone get other income that is not listed above? * ☐ Yes ☒ No

Does anyone in the household plan to file a tax return this year? * ☒ Yes ☐ No

Has anyone in the household been claimed as a dependent on a Tax return last year, or plan to be claimed as a dependent this year? * ☒ Yes ☐ No

Back **Save and Continue**



Income Information Questions May Trigger Tax Questions

The ***Tax information about the people in your home*** screen will gather information about the Consumer's tax filings.

Those answers will trigger the ***Tax information about the people in your home continued*** screen.

APPLY

For Medical Assistance

Tax information about the people in your home

Welcome

Start Application

People

Job/Wages

Other Income

Expenses

Resources

Other

Submit Application

Percent Complete: 50.0%

We may use the federal tax info to see if you can get Medicaid. Tell us more by filling in the information below.

Ty Rhodes

Does this person plan to file a tax return for the income earned in this year?

Select One

Yes

No

Unknown

Back

Save and Continue

Tax information about the people in your home continued

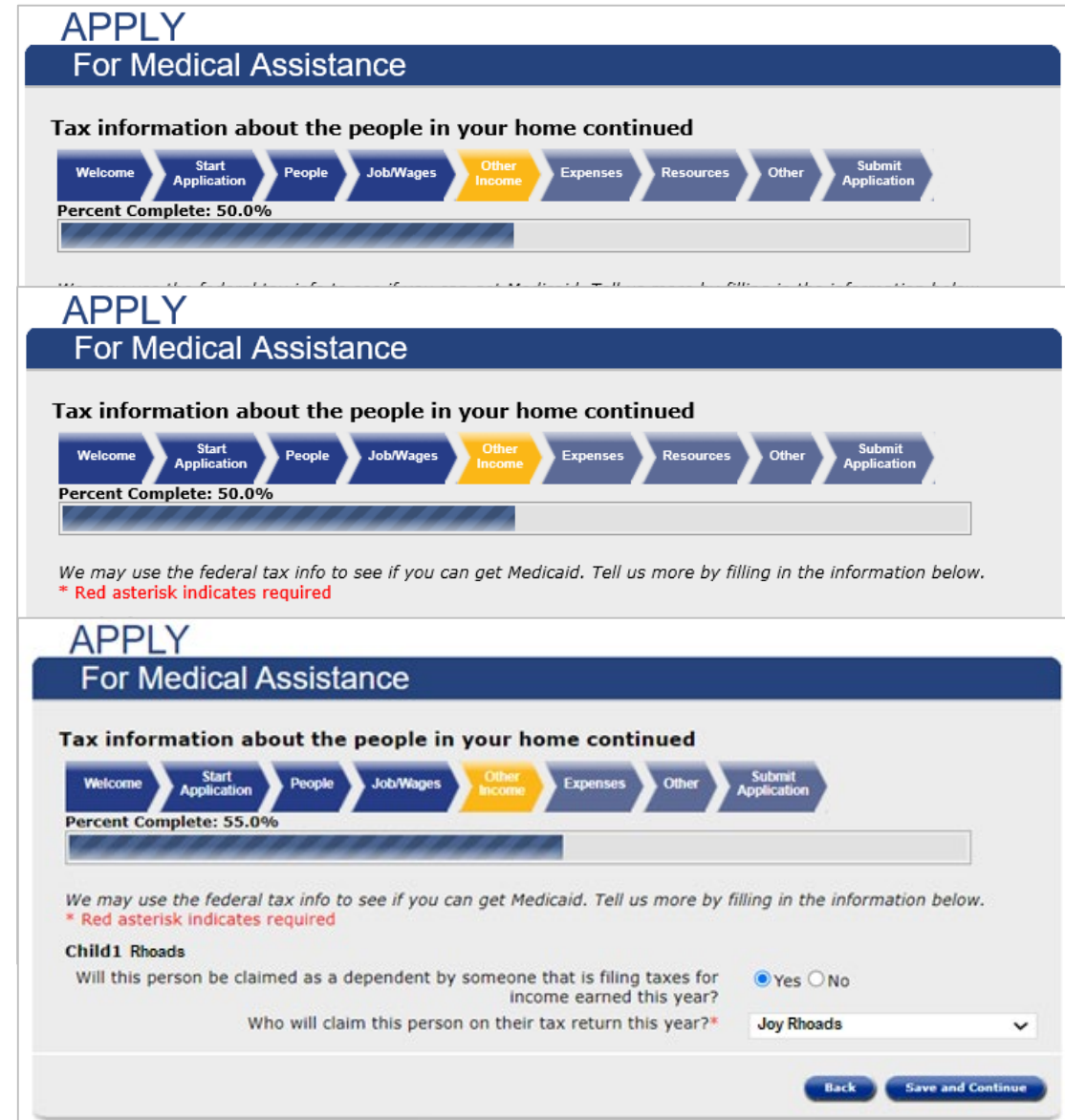
In this first example:

- Status = Married - filing jointly
- Dependent Filing = Yes

In this example:

- Status = Single
- Dependent Filing = Yes

In this example the dependent child is claimed by a parent applicant.



APPLY
For Medical Assistance

Tax information about the people in your home continued

Welcome Start Application People Job/Wages **Other Income** Expenses Resources Other Submit Application

Percent Complete: 50.0%

APPLY
For Medical Assistance

Tax information about the people in your home continued

Welcome Start Application People Job/Wages **Other Income** Expenses Resources Other Submit Application

Percent Complete: 50.0%

We may use the federal tax info to see if you can get Medicaid. Tell us more by filling in the information below.
* Red asterisk indicates required

APPLY
For Medical Assistance

Tax information about the people in your home continued

Welcome Start Application People Job/Wages **Other Income** Expenses Other Submit Application

Percent Complete: 55.0%

We may use the federal tax info to see if you can get Medicaid. Tell us more by filling in the information below.
* Red asterisk indicates required

Child1 Rhoads
Will this person be claimed as a dependent by someone that is filing taxes for income earned this year? ☒ Yes ☐ No

Who will claim this person on their tax return this year?* Joy Rhoads

Back Save and Continue

The Tax Information Summary

The Consumer selections made will be indicated on the ***Tax Information Summary*** screen presents the results of those answers.

APPLY

For Medical Assistance

Tax Information Summary

Welcome

Start Application

People

Job/Wages

Other Income

Expenses

Resources

Other

Submit Application

Percent Complete: 50.0%

[Show All](#) | [Hide All](#)

Tax information about the people in your home continued

☒ Ty Rhodes

What filing status will be used on this tax return?*

Single

Will this person be claimed as a dependent by someone that is filing taxes for income earned this year?

Yes

Who will claim this person on their tax return this year?*

Other

OTHER DEPENDENTS

Can you claim a dependent(s) not listed on this application?

Yes

How many dependents not listed on this application can be claimed?

1

List the names of those dependents

Joy Rhodes

Edit

Back

Continue



E-App Summary and Tax Detail Record

Filing data is available in the **e-Application Summary** page.

▼ Tax Information					
Name	Filing Status	Joint Filer Name	Dependent	Claimer Name	Transfer Status
Tyler Rhodes					Transferred
Ty Rhodes	Head of Household		Denise Rhodes		Transferred

Tax information entered on the Medical SSP will map to the **Tax Detail** page in KEES.

Tax Detail

NextEditClose

General Tax Information

Name:
Ty Rhodes

Filing Status: *
Head of Household

Begin Date: *
01/01/2020

Verified: *
Pending

End Date:

Dependents

Dependent Name

Claiming Other Dependents Not On Application:
Yes

Number of Other Dependents Not On Application:
1

A large, horizontal, yellow paintbrush stroke that tapers to the right, ending in a paintbrush head. The stroke has a textured, brush-like appearance with varying shades of yellow and orange.

Employer Sponsored Insurance (ESI)

Better Known As:
**Does anyone in your household
have insurance from a job?**

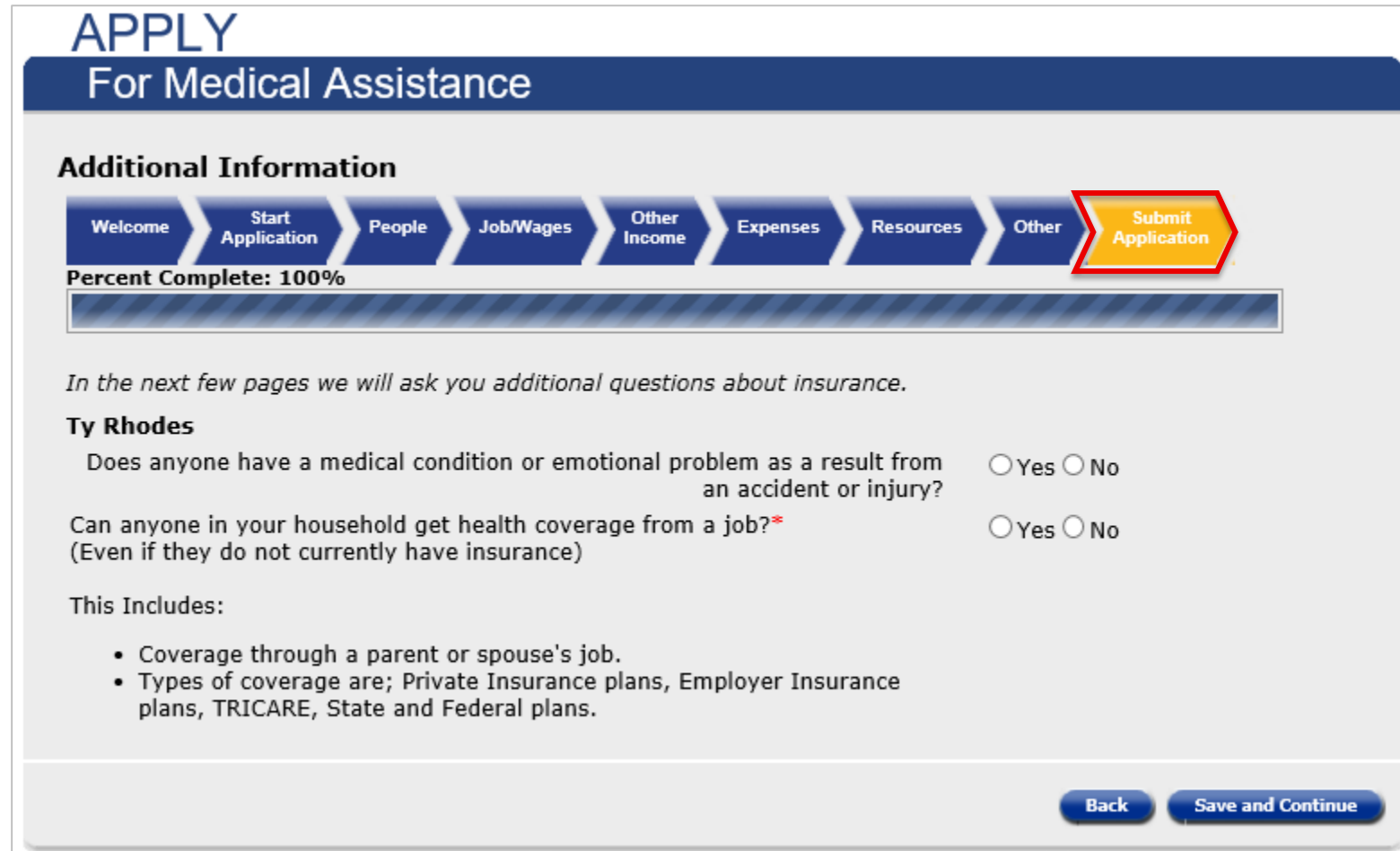
Changes on Insurance from Employers and Tax Records.

Changes about Employer Insurance and Tax Records questions have been updated to improve overall efficiency for this and future enhancements.

These questions have been moved to the

Submit Application

chevron on the ***Additional Information*** screen.



APPLY
For Medical Assistance

Additional Information

Welcome Start Application People Job/Wages Other Income Expenses Resources Other **Submit Application**

Percent Complete: 100%

In the next few pages we will ask you additional questions about insurance.

Ty Rhodes

Does anyone have a medical condition or emotional problem as a result from an accident or injury? ☐ Yes ☐ No

Can anyone in your household get health coverage from a job? ^{*}
(Even if they do not currently have insurance) ☐ Yes ☐ No

This Includes:

- Coverage through a parent or spouse's job.
- Types of coverage are; Private Insurance plans, Employer Insurance plans, TRICARE, State and Federal plans.

Back **Save and Continue**

New Questions

A new dynamic question will always display:

Does anyone have a medical condition or emotional problem as a result from an accident or injury?

A ☒ **Yes** answer will trigger the ***Medical Condition*** screen to display. This screen will gather more information related to the condition(s).

APPLY

For Medical Assistance

Medical Condition

Welcome

Start Application

People

Job/Wages

Other Income

Expenses

Resources

Other

Submit Application

Percent Complete: 100%

You told us that there are people in your home who have a medical condition which makes it difficult to work or take care of their needs due to an injury or accident.
Tell us more about these people by filling in the information for all fields for at least one type.

* Red asterisk indicates required

Select a person*

Ty Rhodes

Is this injury work related?

☒ Yes ☐ No

Pending lawsuit?

☒ Yes ☐ No

Start Date(mm/dd/yyyy)*

10/01/2020

Expected Recovery Date (mm/dd/yyyy)

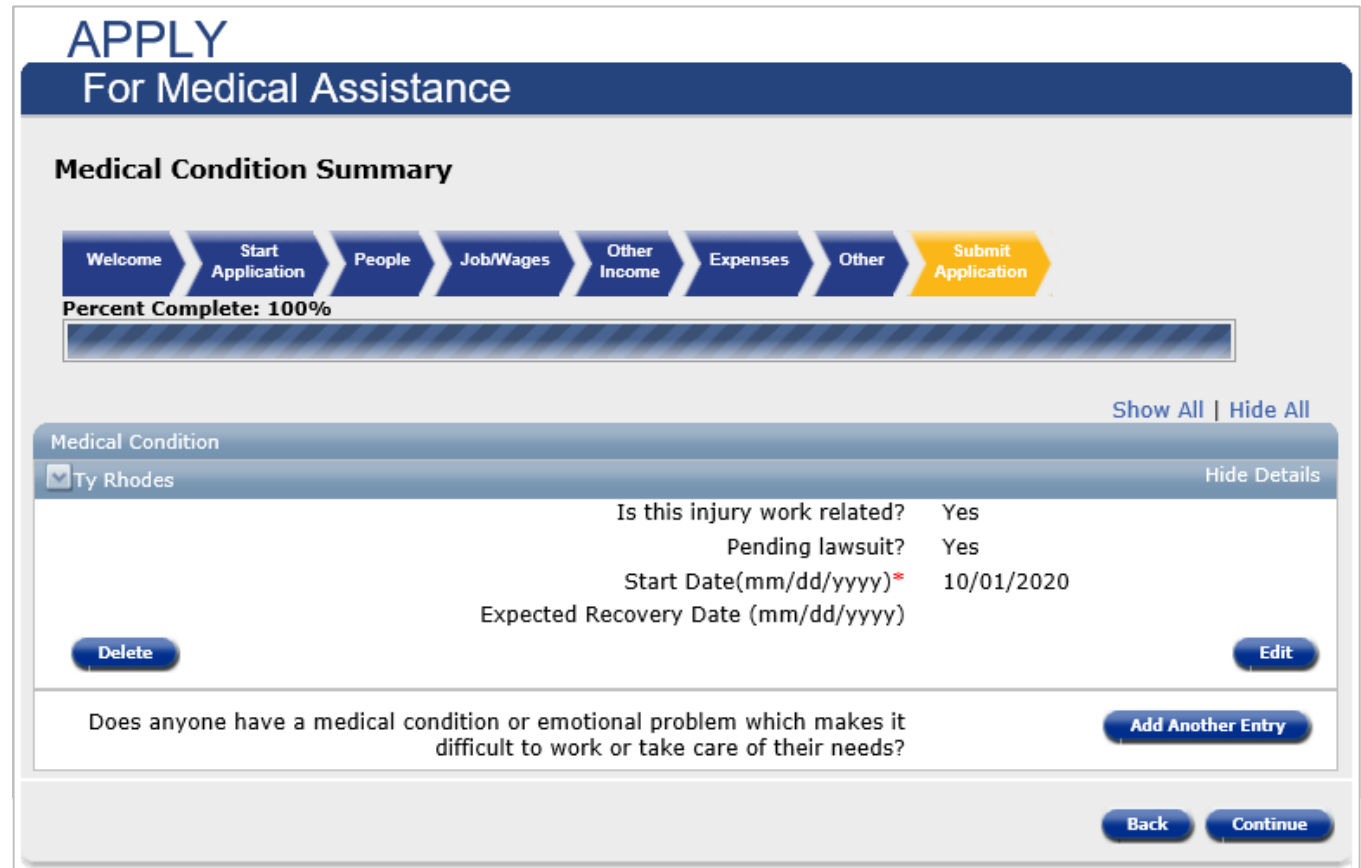
Back

Save and Continue

Additional Information

In the **Submit Application** chevron, the **Medical Condition** screen asks for more information about the individual(s) with medical conditions.

Once the Consumer has completed the screen, the **Save and Continue** button will proceed to the **Medical Condition Summary** screen.



APPLY
For Medical Assistance

Medical Condition Summary

Welcome Start Application People Job/Wages Other Income Expenses Other **Submit Application**

Percent Complete: 100%

Show All | Hide All

Medical Condition	
<input checked="" type="checkbox"/> Ty Rhodes	Hide Details
Is this injury work related?	Yes
Pending lawsuit?	Yes
Start Date(mm/dd/yyyy)*	10/01/2020
Expected Recovery Date (mm/dd/yyyy)	
Delete	Edit

Does anyone have a medical condition or emotional problem which makes it difficult to work or take care of their needs?

Add Another Entry

Back Continue

Dynamic Insurance from Jobs Screen

Now, the ***Insurance from Jobs*** screen will **only** display when the ESI Federal Poverty Level (FPL) test fails.

The **Save and Continue** button proceeds to the ***Insurance from Jobs Summary*** screen.

Consumers can **Add Another Entry, Edit** and/or **Delete** information, as needed, then **Continue**.

APPLY
For Medical Assistance

Insurance from Jobs Summary

Welcome

Start Application

People

Job/Wages

Other Income

Expenses

Resources

Other

Submit Application

Percent Complete: 100%

Show All | Hide All

Insurance from Jobs

☒ Ty Rhodes Hide Details

This is the individual who can get coverage

Is the employee someone in the application? No

The employee at the job is: Other

Employer Information

Employer NameBurger Schack

Employer Identification Number (EIN)

Address Line 1201 Ash

Address Line 2

CityAdmire

StateKansas

Zip Code66830

Who can we contact about employee health coverage at this job? Lisa Heins

Phone Number(620)895-2351

Email Address

Are you currently eligible for coverage offered by this employer, or will you become eligible in the next 3 months? No

DeleteEdit

Is anyone offered health coverage from a job?

Add Another Entry

BackContinue

MAGI Income Changes



MAGI Income Changes

Changes have been made to some MAGI Income types. These changes were made to align with Centers for Medicaid and Medicaid Services (CMS) mandates.

Changes to the MAGI Income types include:

- Alimony received under a new or modified pre-existing agreement after 12/31/2018.
- Qualified lottery/gambling winnings.
- Discharged student loan debt.

Note: These changes *only* apply to the Family Medical Programs. Elderly and Disabled (ED) and Long Term Care (LTC) programs are **not** affected by these changes.

MAGI Income Changes

Spousal Support



MAGI Income Changes

Alimony, or Spousal Support, awarded *after* 12/31/2018 will now be considered **Exempt Income**. This change applies to both new or modified Alimony agreements.

Alimony awarded *on or before* 12/31/2018 is still **Countable Income**.

A new field has been added to the **Income Detail** page to help KEES determine if the Alimony, or Spousal Support, is Exempt or Countable Income.

MAGI Income Changes

Income Amount Detail

Save and ReturnCancel

Program: Family Medical

* - Indicates required fields

Program: Family MedicalCategory: Child/Spousal SupportType: Spousal Support

Average Calculator

	Date Received	Amount	Count in Average
<input type="checkbox"/>	10/20/2020	800.00	Yes
<input type="checkbox"/>			Yes

RemoveAdd

Average Amount:
0.00

Divisor:
Number of Children:

CalculateUse

Reported Amount:*

800.00

Begin Date:*

10/01/2020

Verified:*

Verified

End Date:

Source:*

Consumer Statement

Spousal Support Agreement/Modification Date:*

01/01/2020

Save and ReturnCancel

The **Spousal Support Agreement/Modification Date** field has been added to indicate if the income is Countable or Exempt. Enter the date of the Spousal Support Agreement in the text box or use the calendar icon to select it.

In the above example, *01/01/2020* has been entered as the **Spousal Support Agreement/Modification Date**.

MAGI Income Changes

Because the date of *01/01/2020* was used for the **Spousal Support Agreement Date**, KEES has exempted this income and not used it in the Eligibility determination budget.

The PLI for this case is 77% and both children are eligible for MAGI Title 19.

Case Name: Olga Schmidt
Case Number: 20274786

Virtual Assistant Journal Tasks Contact Log Logout Help

User: Training8
Env: NPD34
Ver: 20.11.0 (Beta 1029)
Time: 11/03/2020 08:53 AM

Services Resource Databank Fiscal Special Units Reports Document Control Admin Tools

Case Summary Customer Information Reporting Distributed Documents Customer Schedule

Requested Medical EDBC - MAGI Title 19

Begin Month	End Month	Run Date	Accepted By
10/2020		11/03/2020	Training8 Training8 User

Income Determination

Unearned Income	0.00
Unearned Income Deductions	0.00
Net Unearned Income	0.00
Earned Income	1,397.50
Earned Income Deductions	0.00
Net Earned Income	1,397.50
Unearned/Earned Income Deduction	0.00
Allocation and Other Deductions	0.00
Total Countable Income	1,397.50
Budget Unit Size	3
Protected Income Limit	2,046.00
Income Result	Pass

MAGI Income Changes

Let's take a look at the example below. The **Spousal Support Agreement/Modification Date** entered is *01/01/2018*.

Because the date is prior to 12/31/2018, KEES counts the Spousal Support income in the Eligibility Determination budget. The children still qualify for MAGI Title 19 but now they're PLI is 121%.

Spousal Support Agreement/Modification Date:*
01/01/2018

Requested Medical EDBC - MAGI Title 19

Begin Month	End Month	Run Date	Accepted By
10/2020		11/03/2020	Training8 Training8 User
Income Determination			
Unearned Income			800.00
Unearned Income Deductions			0.00
Net Unearned Income			800.00
Earned Income			1,397.50
Earned Income Deductions			0.00
Net Earned Income			1,397.50
Unearned/Earned Income Deduction			0.00
Allocation and Other Deductions			0.00
Total Countable Income			2,197.50
Budget Unit Size			3
Protected Income Limit			2,408.00
Income Result			Pass

MAGI Income Changes

Lottery and Gambling Winnings



MAGI Income Changes

Functionality has been added to KEES to count Lottery and Gambling Winnings that are received as a one-time, lump sum payment.

These Winnings will now be counted over a specific period of time, depending on the amount received.

Lottery and Gambling Winnings count:

- As Unearned Income
- For all Members if received in the month of application
- For the Winner if they are applying for benefits during the period of time the Winnings should be used in the Eligibility Determination
- Up to 10 years depending on the amount



MAGI Income Changes

KEES will use a formula to determine if the Lottery and Gambling Winnings should be counted for all Members or when the Winner applies for Medical coverage.

The table shows the number of months gambling or lottery income may be calculated.

Amount Won	Months
\$.01 to \$79,999.99	1
\$80,000 to \$89,999.99	2
\$90,000 to \$99,999.99	3
\$100,000 to \$109,999.99	4
\$110,000 to \$119,999.99	5
\$120,000 to \$129,999.99	6
\$130,000 to \$139,999.99	7
\$140,000 to \$149,999.99	8
\$150,000 to \$159,999.99	9
\$160,000 to \$169,999.99	10
\$170,000 to \$179,999.99	11
\$180,000 to \$189,999.99	12
\$190,000 to \$199,999.99	13
\$200,000 to \$209,999.99	14
\$210,000 to \$219,999.99	15
\$220,000 to \$229,999.99	16
\$230,000 to \$239,999.99	17
\$240,000 to \$249,999.99	18
\$250,000 to \$259,999.99	19
\$260,000 to \$269,999.99	20
\$270,000 to \$279,999.99	21
\$280,000 to \$289,999.99	22
\$290,000 to \$299,999.99	23
\$300,000 to \$309,999.99	24
\$310,000 to \$319,999.99	25

MAGI Income Changes

Example: Nathaniel wins \$154,000 in May 2020. He applies for coverage for himself and his 3 children on 11/24/2020.

Months Counted	May	1	June	2	
July	3	August	4	Sept	5
October	6	November	7	December	

KEES will calculate the \$154,000 in winnings over a 7 month period and apply this amount to Nathaniel's Eligibility Determination.

The winnings will *not* be counted in the children's Eligibility Determination since they were received in May 2020.

MAGI Income Changes

The **Payment Received Date** field has been added to the **Income Amount Detail** page. When a consumer reports Lottery or Gambling Winnings, this field should be used to enter the date the lump sum Winnings were received. Entering the **Payment Received Date** helps KEES determine the amount of Winnings to use in the Eligibility Determination.

In this example,
\$178,000 in
Lottery or
Gambling
Winnings was
paid on
01/01/2020.

Save and ReturnCancel

Income Amount Detail

Program: Family Medical

* - Indicates required fields

Program: Family MedicalCategory: MiscellaneousType: Lottery/Gambling Winnings

▼ Average Calculator

	Date Received	Count in Average
<input type="checkbox"/>	<input type="text"/>	Yes ▼
<input type="checkbox"/>		

RemoveAdd

Average Amount:0.00

CalculateUse

Reported Amount:*

178,000.00

Begin Date:*

01/01/2020

Verified:*

Verified ▼

End Date:

Source:*

Consumer Statement ▼

Payment Received Date:*

01/01/2020

Save and ReturnCancel

MAGI Income Changes

No other income was reported on this application, which was received 10/15/2020. The children were approved for MAGI Caretaker Medical with 0% FPL or PLI. Because the Lottery/Gambling Winnings weren't received in the month of application, they weren't used to determine Eligibility for the children.

Name	DOB	Role	Role Reason	Status	Status Reason	CE Date	QHP Screened			
Schmidt, Olga	01/01/1990	FRI	No Linkage to MA	Active			Y			
Schmidt, Mikael	02/27/2009	MEM		Active		9/30/2021	N			
Schmidt, Max	05/13/2012	MEM		Active		9/30/2021	N			
Override Program Configuration										
Eligible Budgets										
Test	Result	FPL %	Premium/LTC Liability/Spenddown	CHIP Start Date	Prem Bill Start Date	Aid Code	LTC Details	Members Tested	Role	Role Reason
MAGI Caretaker Medical	Pass	0%	\$0.00					Schmidt, Olga	FRI	Parent
								Schmidt, Mikael	FRI	Sibling
						CTM/CH/N/N		Schmidt, Max	MEM	
MAGI Caretaker Medical	Pass	0%	\$0.00					Schmidt, Olga	FRI	Parent
						CTM/CH/N/N		Schmidt, Mikael	MEM	
								Schmidt, Max	FRI	Sibling

MAGI Income Changes

However, the PA was denied as she was the Winner of the Lottery/Gambling monies that were received *01/01/2020*.

As you can see, KEES calculated the \$178,000 over a 10 month period and used this amount in the determination for the PA.

Case Name: Olga Schmidt
Case Number: 20274786

Virtual Assistant | Journal | Tasks | Contact Log | Logout | Help

User : Training8
Env : NPD34
Ver : 20.11.0 (Beta 1029)
Time : 11/03/2020 05:00 PM

Services | Resource Databank | Fiscal | Special Units | Reports | Document Control | Admin Tools

Case Summary | Customer Information | Reporting | Distributed Documents | Customer Schedule

Requested Medical EDBC - MAGI Caretaker Medical Close

Begin Month	End Month	Run Date	Accepted By
10/2020		11/03/2020	Training8 Training8 User

Income Determination

Unearned Income	16,181.82
Unearned Income Deductions	0.00
Net Unearned Income	16,181.82
Earned Income	0.00
Earned Income Deductions	0.00
Net Earned Income	0.00
Unearned/Earned Income Deduction	0.00
Allocation and Other Deductions	0.00
Total Countable Income	16,181.82
Budget Unit Size	3
Protected Income Limit	688.00
Income Result	Fail

MAGI Income Changes

**Discharged Student
Loan Debt**



MAGI Income Changes

Two types of income have been added to the *Education* **Category** on the **Income Detail** page:

- Discharged, Forgiven, or Cancelled Student Loan Debt-Countable
- Discharged, Forgiven, or Cancelled Student Loan Debt-Exempt

The *Discharged, Forgiven, or Cancelled Student Loan Debt-Exempt* **Income Type** should be used when the debt has been removed due to the death or disability of the student.

The screenshot shows the 'Income Detail' form. At the top, there is a title 'Income Detail' and a note '* - Indicates required fields.' Below this, the 'Name:' field is set to 'Olga Schmidt'. A 'Retrieve Information' button is present. The 'Category:' is set to 'Education'. The 'Type:' dropdown menu is open, showing four options: '- Select -', '- Select -', 'Discharged, Forgiven, or Cancelled Student Loan Debt--Countable', and 'Discharged, Forgiven, or Cancelled Student Loan Debt--Not Countable'. The last two options are highlighted with a red box. Below the dropdown, the 'Description:' field is visible with a text area.

MAGI Income Changes

Using the **Type** of *Discharged, Forgiven, or Cancelled Student Loan Debt-Exempt* excludes the income from the Eligibility Determination.

Eligible Budgets		
Test	Result	FPL %
MAGI Title 19	Pass	77%
MAGI Title 19	Pass	77%
Potential Eligibility		

Using the **Type** of *Discharged, Forgiven, or Cancelled Student Loan Debt-Countable* includes the income from the Eligibility Determination.

Eligible Budgets		
Test	Result	FPL %
MAGI Title 19	Pass	89%
MAGI Title 19	Pass	89%
Potential Eligibility		

MAGI Income Changes

The below screenshot displays the **Countable** *Discharged, Forgiven, or Cancelled Student Loan Debt* which increased the PLI or FPL from 77% to 89%.

Requested Medical EDBC - MAGI Title 19

Close

Begin Month	End Month	Run Date	Run Status	Accepted By
10/2020		11/04/2020	Not Accepted	Training8 Training8 User

Income Determination		
Unearned Income	\$	215.00
Unearned Income Deductions	-	0.00
Net Unearned Income	=	215.00
Earned Income	\$	1,397.50
Earned Income Deductions	-	0.00
Net Earned Income	=	1,397.50
Unearned/Earned Income Deduction	-	0.00
Allocation and Other Deductions	-	0.00
Total Countable Income	=	1,612.50
Budget Unit Size		3
Protected Income Limit	\$	2,046.00
Income Result		Pass

Transitional and Extended Medical



Transitional & Extended Medical

With the November Release, it will no longer be necessary to override EDBC when a consumer transitions from Caretaker Medical (CTM) to Transitional Medical (TMD) or Extended Medical (EMD).

To qualify for TMD, the CTM recipient must have an increase in earnings. KEES will not approve TMD in situations when the overall income associated to an Individual Budgeting Unit (IBU) increases.

To qualify for EMD, the CTM recipient's spousal support must be the income source that causes the household to no longer qualify for Caretaker Medical.

Transitional & Extended Medical

Example: The PA, SP, and CH were approved for Caretaker Medical (CTM) with no income. When their Review was received, the PA reported wages which were added to KEES.

KEES approved the PA and SP for Transitional Medical (TMD). Because the CH qualified for a Medical Program other than TMD, she was correctly approved for MAGI Title 19. TMD will only be approved for children when this is the only Medical Program they are eligible for.

Name	DOB	Role	CE Date	QHP Screened
Grey, Meredith	06/24/1990	MEM	9/30/2021	N
Shepard, Derek	07/29/1988	MEM	9/30/2021	N
Shepard, Zola	05/16/2016	MEM	9/30/2021	N

Override Program Configuration

Eligible Budgets							
Test	Result	FPL %	Premium/	Aid Code	LTC Details	Members Tested	Role Role Reason
MAGI Title 19	Pass	41%	\$0.00	PLN/C2/N/N		Grey, Meredith	FRI Primary Tax Payer
						Shepard, Derek	FRI Primary Tax Payer
						Shepard, Zola	MEM
Transitional Medical	Pass	0%	\$0.00	TMD/FM/N/N		Grey, Meredith	MEM
						Shepard, Derek	FRI Spouse
						Shepard, Zola	FRI Tax Dependent
Transitional Medical	Pass	0%	\$0.00	TMD/FM/N/N		Grey, Meredith	FRI Spouse
						Shepard, Derek	MEM
						Shepard, Zola	FRI Tax Dependent

Potential Eligibility							
Test	Result	FPL %	Premium/	Aid Code	LTC Details	Members Tested	Role Role Reason
No Data Found							

Failed and Overridden Budgets							
Test	Result	FPL %	Premium/	Aid Code	LTC Details	Members Tested	Role Role Reason

Transitional & Extended Medical

As KEES is now correctly determining Transitional and Extended Medical, the workaround, *WA522-TransMed and Extended Medical*, will be retired from the User Manual.

View and Search Batch Interface Tasks



View & Search Batch Interface Tasks

Batch and Interface Tasks will display on **Task Inventory** in the **Task** drop down values.

- Searchable by specific **Task** name and applicable to other search fields.
- Displays in alphabetically order.
- No longer need reports to identify this work.

Task Inventory

Open Tasks Closed Tasks

Region:
DCF Central Office
DCF East
DCF Kansas City
DCF Outstationed
DCF West
DCF Wichita
KDHE Central Office
KDHE Clearinghouse
KDHE Outstationed

Location:
KanCare Clearinghouse

CaseBanks:

Queue:
Administrative
Administrative-CH
Alert
Blue
Central Office Fiscal
Concerns
Contact Updates
DCF Central Office
DCF-Outstationed
E and D Eligibility
Estate Recovery
FAET
Fiscal
Green

Task:
Run and Accept EDBC
SDX Moved out of State
SDX SSI Income Change
SDX SSI Income Ended
SDX SSI Income Start
SDX Verify Date of Death
SSP Request
SSP Unlink Request
SVES Verify Incarceration
Spenddown
Spenddown Base Period Ending
State - Manual
TANF/RCA/CC-Application

Review Due:

Worker:

Priority:
Accelerated
Expedited
Expedited 18 Hour
Expedited 48 Hour
KDHE-Passive Review

Status:
New
Assigned
Completed
Rejected

Status Reason:
DCF-Complete
DCF-No Show
DCF-Pending
KDHE-Being Worked
KDHE-New Information

Contact Type:
Lobby
Non-Lobby

Date Range: From: 10/12/2020 To: 10/14/2020

Date Type: Created Date

App Id:

Assigned to Me:

E-App Source:

Request Number:

Results per Page: 25 Search Clear

Search Results Summary

Priority	Priority Date	Contact Type	Task	Rec'd Date	Completion Date	Status	Status Reason	Due Date	Queue	Wait Time	Work Time	Worker	Location	CaseBanks	Review Due	Case Number	Case Name	App Id	Region	e-App Source	Request Number	My Case
<input type="checkbox"/> None	10/12/2020		SDX Moved out of State-Per-1600198	10/12/2020		New		10/27/2020	MAGI Eligibility	00:00	00:00		KanCare Clearinghouse			12648675	ULIO SERAN		KDHE Clearinghouse			N

Claim Reassign Complete Release Void

View & Search Batch Interface Tasks

Example: SDX Tasks will display in alphabetical order and can be multi selected or individually selected. These Tasks previously could only be identified via reports.

Task:

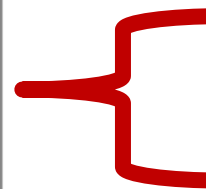
- Review Elg Determination
- Review-Registration
- Route to DCF
- Route to E and D-Manual
- Route to KDHE
- Run EDBC for Recovery Account Refund
- SSP Request
- Spenddown
- State - Manual
- TANF/RCA/CC-Application
- TB Application
- TPL-Add
- TPL-Delete
- Tax Household

OLD

Task:

- Route to DCF
- Route to E and D-Manual
- Route to KDHE
- Run EDBC for Recovery Account Refund
- Run and Accept EDBC
- SDX Moved out of State
- SDX SSI Income Change
- SDX SSI Income Ended
- SDX SSI Income Start
- SDX Verify Date of Death
- SSP Request
- SSP Unlink Request
- SVES Verify Incarceration
- Spenddown
- Spenddown Base Period Ending

NEW





For questions anytime,
please contact KEES Training
at Training@kees.ks.gov.